

FROM EVIDENCE TO ACTION
RESEARCH ACTIVITY REPORT
PHASE 2a: Tool Development

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July 2009

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FROM EVIDENCE TO ACTION RESEARCH COORDINATOR REPORT

PHASE 2a: Tool Development

This report describes the activities, processes, methods and results related to the *From Evidence to Action* project during Phase 2a (2007). Documents related to each activity in the form of interview schedules and reports are attached as appendices.

KEY ACTIVITIES:

1. Planning for Phase 2

Planning began shortly after the Research Coordinator position changed over in November of 2006. At that time, Phase 1 data collection was ended and the Phase 1 report, which included the decision to revise the project objectives, was being prepared. An Action Plan was developed that included continuous data collection and feedback from NTK members regarding utilization of the tools as they were being developed and trialled with the intent of modifying the initial drafts to suit users in the field.

2. Phone interviews with NTK members

Phone interviews were conducted at several stages with the NTK reps to gather evaluative data regarding the process of implementing and using the tools and feedback to use in further developing those tools that were distributed.

2.1. January 2007

- 2.1.1. Purpose: Introduce new research coordinator and collect views on prioritizing tools for development.
- 2.1.2. Results: Top 3 tools prioritized for development and presentation at February NTK meeting. Other suggestions including ideas for appearance plain language and methods of distribution. (Interview Schedule and Results in Appendix 1)

2.2. March/April 2007

- 2.2.1. Purpose: Obtain feedback on trial implementation
- 2.2.2. Results: Very little activity in the regions, almost no distribution/utilization, no trial feedback available, no regional plans established (Interview Schedule and Results in Appendix 2)

2.3. June/July 2007

- 2.3.1. Purpose: Obtain feedback on trial implementation
- 2.3.2. Results: Delays attributed to higher priority regional activities, concern that the E2A plan did not match the regional planning schedule. Presentation of tools to senior managers in some regions met with approval but no/little feedback re utilization that could be put into modification for producing another draft. No regional plans for field testing/implementation in place. (Interview Schedule and Results in Appendix 3)

3. Tool Development

3.1. Three tools were developed and presented at the February NTK meeting. An additional three tools were developed and presented at the June NTK meeting. Also at that meeting, 2 existing online tools that seemed to match the needs described in Phase 1 were discussed and recommended. Another tool, developed in collaboration with Tania Gottschalk of the Neil John Mclean library, was also distributed in June 2007.

3.2. Development on other tools was halted in the August when the ongoing evaluation determined that very little uptake was occurring in the regions and the plan to collaborate with users to refine and develop the tools was not practical. This decision was supported by the NTK at the November 2007 meeting.

Table 1: E2A Toolkit Items

| E2A TOOLKIT ITEM | Type of Tool | <i>Distributed to NTK reps</i> |
|---|---|--------------------------------|
| What is Evidence? | E2A Info Sheet | February 07 |
| Evidence Informed Briefing Note Guidelines | E2A Template & guidelines | February 07 |
| Decision Making Checklist | E2A Checklist | February 07 |
| Using Evidence In Your Work | E2A PowerPoint | June 07 |
| A Guide to Searching for Evidence-Based Information in the Health Sciences Literature | NJL/E2A Handout from Tania | June 07 |
| How do I know if the evidence is good enough? (Rating the quality of evidence: Adapted from CIHR Website) | E2A Worksheet | June 07 |
| Barriers and Strategies to EIDM | E2A Info Sheet | June 07 |
| Learning organizations (http://www.scie.org.uk/publications/learningorgs/index.asp) from Social Care Institute for Excellence | Recommended Self - Assessment Resource pack | June 07 |
| How will I know when I am using evidence? (CHSRF Is Research Working for you? Tool) (http://www.chsrf.ca/other_documents/working_e.php) | Recommended CHSRF Self-Assessment Tool | June 07 |

3.3. Survey Monkey trial of CHSRF tool (adapted with permission).

The CHSRF tool “Is research working for you?” was adapted for online completion as an experiment for demonstration of use of web-based technologies. All NTK team members were requested to complete the survey prior to the June 2007 NTK meeting and the results were compiled and reported at that meeting. There were 13 respondents and nine identified themselves as RHA staff. The exercise generated interest in the use of online survey tools for data collection because of the ease of use and assistance with rapid compilation/reporting of data but there was little interest in the tool itself. Full results are in the June NTK presentation report.

4. Utilization Tracking and Advisory Group Feedback

The Need to Know Team meetings, held three times per year, were used as the main vehicle for reporting to the Team who served as the Advisory Group for the From Evidence to Action project. Feedback and advice from team members at these meetings was incorporated into ongoing project planning. (Handouts from presentation and discussion sessions are attached separately as Appendix 10)

4.1. Feb 2007

Results of planning for Phase 2 and proposed description of a toolkit were discussed. Three draft tools were distributed and reviewed and preliminary feedback incorporated into modifications to existing drafts that were then distributed by email after the meeting.

4.2. June 2007

Results of the Survey Monkey trial reported. Four more tools distributed and discussed. Results of evaluative interviews with NTK representatives reported. Specific challenges identified from interviews included Time/workload/competing demands, securing and demonstrating top level support and lack of a 'teachable moment' (right opportunities to introduce tools). Low uptake and feedback re tool use discussed and the team reviewed some possible support intervention: presentation to CEOs group, senior regional planners group (HPSEN), one-to-one support, dedicated workshop and a demonstration/pilot site. It was suggested that the team decide between Option A (continue as planned) or Option B (identify and implement support interventions). The Team chose Option B and the project staff began work on a Support Intervention Action Plan (Section 6, below).

Also at this meeting, a project to trial full membership to the University of Manitoba Neil John McLean Health library was announced and all interested NTK members were given library memberships in return for agreeing to collect data about their utilization of the library services.

4.3. November 2007

At this meeting the results of the confidential action plan interviews were discussed. At the discussion, it was agreed to put less emphasis on individual site visits and concentrate more on trying to gain executive level support.

It was also agreed that further tool development would be abandoned in favour of new project emphasis on collaboratively developing strategies to promote the use of evidence (see Phase 2b).

5. Project reorientation action plan

5.1. In response to the unexpectedly low uptake and feedback to guide development of the tools, and recommendation at the June 2007 NTK meeting, an action plan was developed to initiate more intensive involvement within the regions to stimulate and support local use and development of the tools and was distributed to NTK members in July 2007 (Appendix 4). Telephone interviews were conducted following distribution of the plan. Questions and results are in Appendix 5.

The purpose of the interviews was to obtain feedback on proposed onsite visit (Implementation Action Plan), an update on trial tool implementation and library project and feedback on the E2A project in general.

Results of these interviews showed support for targeted discussion with executive level RHA decision makers and guarded support for onsite, regional From Evidence to Action project events. NTK reps stressed the need to plan the objectives very

carefully to make sure that they were customized to meet the needs of the regional staff.

6. Meetings with RHA Chief Executive Officers and Medical Officers of Health
 - 6.1. Sarah Bowen met with the Medical Officers of Health group in September 2007 to discuss their roles in the From Evidence to Action project.
 - 6.2. Sarah also attended a meeting of the Regional Health Authorities of Manitoba Council of CEOs in November of 2007 to discuss the From Evidence to Action project.

APPENDICES

Appendix 1: January 2007 NTK Member Interview Schedule and Results

Appendix 2: March 2007 NTK Member Interview Schedule and Results

Appendix 3: June 2007 NTK Member Interview Schedule and Results

Appendix 4: Draft Intervention Action Plan

Appendix 5: Implementation Action Plan Interview Schedule and Results

From Evidence to Action
NTK MEMBER TELEPHONE INTERVIEW
Phase 2 Planning

Purpose:

1. Introduce & orient new Research Coordinator
2. Collect data for Stage 2 Toolkit Development and for Preliminary Toolkit Evaluation

Questions for Interview: (Pre-contact each and arrange a time for 20 to 30 minute interview).

1. What feedback, if any, have you had on the FEA findings within your RHA since the R & N healthcare day?
2. You may remember that a preliminary list of potential tools for the FEA toolkit was circulated at the last NTK team meeting. Which of the proposed “tools” do you think would be the most useful in your RHA?
3. Based on your knowledge of your RHA, what level of interest/uptake do you think the Toolkit will generate?
4. What suggestions do you have for making the tools either more useful or more used?
5. What ideas do you have for evaluating the toolkit in general?
6. Do you have any suggestions or ideas to improve the implementation of the From Evidence to Action project at this time?

RESULTS OF TELEPHONE INTERVIEWS FOR PHASE 2 PLANNING

These results are based on 15 completed interviews. 2 NTK members declined to participate due to more urgent responsibilities, 1 member was not available to set a mutually convenient time due to vacation.

| <i>TOOLKIT ITEM</i> <i>(Participants were asked to describe the highest priority for development according to their region's need: no limit on number.)</i> | <i>PRIORITY FOR DEVELOPMENT</i> |
|---|--|
| Decision -making Checklist – steps in making a decision, how to incorporate all types of evidence, DM lens, ethical DM processes | 12 |
| What is evidence? 1 to 2 pager | 9 (with 3 “highest” ratings) |
| Evidence Checklist: Guidelines for gathering evidence, list of type of evidence to look for, where to find the evidence, weighing evidence, synthesizing evidence | 8 |
| How to write a briefing note | 7 (ranked very highly by those who chose it) |
| Program Evaluation guidelines | 7 |
| Implementing a Decision – Change management | 7 |
| Common Language - Definitions List | 7 |
| Tips for literature review/assessment | 6 (2 lower priority) |
| Addressing “Politics” in Decision Making | 5 |
| Organizational culture assessment/characteristics of “learning organizations” | 4 |
| Priority setting guidelines | 4 |
| Barriers Matrix with potential strategies | 3 |
| Finding Time to Use Research | 3 |
| CHSRF “Is Research Working for You?” assessment tool | 1 |
| Multitasking – what the research shows | 0 |

What feedback, if any, have you had on the FEA findings within your RHA since the R & N healthcare day?

- **12/15 had none or no formal feedback.**
- **2 (same region) had discussed with regional mgmt. and received very favorable feedback and encouragement esp. from CEO.**
- **One had a good discussion at the R&N Day meeting that generated questions for a regional data collection initiative regarding E2A.**
- **One had discussed possible implementation/trial scenarios with an internal KT planning group.**

- **Note: 4 related that other regional staff (e.g. Board members) in attendance at the R & N Health Day expressed difficulty understanding/dealing with the E2A presentation and or task.**

Based on your knowledge of your RHA, what level of interest/uptake do you think the Toolkit will generate?

- **Depends...mainly on the content/format of the Toolkit and how “saleable” it is. Also depends on the person: will vary re where the individual is at in terms of using evidence.**
- **Some expect high levels especially among senior managers and team leaders.**

What suggestions do you have for making the tools either more useful or more used?

- **14/14 emphasize the need for Toolkit to be practical, short/brief, intuitive (no or very little prep needed to use it: “turn-key”).**
- **Packaging: “cool” and well-laid out so it’s easy to find things.**
- **“Sensible”.**
- **Simple, common language: “get writer who does MCHP 4-pager to write it”.**
- **Emphasize “what’s in it for me”. Relate to everyday tasks.**
- **Need an onsite presentation/orientation and demonstration of how the tools work.**
- **Needs to be ready to be “sold” by NTK members.**
- **Website with no password/complicated access. CDs also OK but hard copy necessary.**
- **Present at Planning Network, HPSEN.**

What ideas do you have for evaluating the toolkit in general?

- **Utilization statistics: need to test uptake first**
- **Share/highlight success stories: qualitative review at NTK meeting**
- **Random sample survey of RHA employees, survey questionnaire**
- **Have NTK members collect feedback and compile.**

Do you have any suggestions or ideas to improve the implementation of the From Evidence to Action project at this time?

- **More frequent communication/activity between NTK meetings. Teleconference/videoconference.**
- **News updates, shared success stories: prepared items that NTK members can edit/modify or submit as is.**
- **Strategies to get CEO’s attention.**

- **High profile pilots in 2 or 3 key RHAs.**
- **Implement the project into orientation and training for new board members (several regions expecting turnover because of term limits).**
- **No except all regional staff need to be trained.**
- **No. The project is very organized and meets timelines: “refreshing”.**

Recommendations:

1. Prepare a package that includes 3 “tools” that meet the criteria specified for Feb 5/6 and seem to be especially in demand:
 - What is evidence? 1 to 2 pager
 - Decision -making Checklist – steps in making a decision, how to incorporate all types of evidence, DM lens, ethical DM processes
 - How to write a briefing note
2. Facilitate NTK member’s ability to “sell” toolkit by enhancing their vision of what the final product will look like....mock-up, visual detail re format.
3. Consider implementing a formal trial in a small number of key regions.

Appendix 2: March 2007 NTK Member Interview Schedule and Results

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|--|
| <p>From Evidence to Action NTK MEMBER TELEPHONE INTERVIEW Implementation of Preliminary Toolkit Items March 2007</p> |
|--|

Purpose:

Obtain feedback on trial implementation

Questions for Interview: (Pre-contact each and arrange a time for 20 to 30 minute interview).

1. What feedback, if any, have you had on the E2A findings within your RHA since the NTK meeting?
2. How is the Toolkit implementation plan unfolding in your region?
3. How do you plan to track and record Toolkit implementation?
4. Have you received any feedback on the preliminary tools?
5. What suggestions do you have for making the tools either more useful or more used?
6. Have you had any ideas for evaluating the toolkit in general?

RESULTS OF MAR/APR 07 TELEPHONE INTERVIEW FOR IMPLEMENTATION UPDATE

These results are based on 13 completed interviews with RHA NTK reps. Telephone consultations took place between April 10 and April 24, 2007. 2 reps declined to participate due to more urgent responsibilities, 2 reps did not reply to email requests to set a mutually convenient time for interview. (1 previously requested to be withdrawn from routine consultations.)

What has been trialed, with whom, what has the feedback been?

- **Respondents unanimous in describing “bad timing” since last NTK meeting: feeling overwhelmed with other responsibilities and no opportunities to work on E2A.**
- **7/13 respondents had not trialed any preliminary tools at the date of the telephone consultation.**
- **5/6 had either trialed the Briefing Note tool or used it in a way other than intended/discussed (see further question discussion). No other tools mentioned other than possible confusion/redundancy of decision checklist with existing regional tools (2 occurrences).**

If no or limited implementation: What plans do you have?

What are some of the challenges in trialing them?

- **No regional implementation plans developed.**
- **Most cited being overwhelmed with other workload priorities as the reason that an implementation plan was not in place and tools not trialed.**
- **“Challenge is to get on management radar”, “so far down on the radar (that it has not been considered”.**
- **Several respondents have scheduled dates for later in April or early May to share the tools with senior managers and/or meet to develop implementation plans.**

Based on the tools you have used, what suggestions do you have for making the tools either more useful or more used?

- **Feedback from NTK members and their immediate teams remains positive: tools seen as having “real merit and value”, “awesome and practical”.**
- **Tools need to have obvious purpose/use. Finding the opportunity to use the tools in a meaningful and relevant way can be a challenge.**

How are you/do you plan to track and record Toolkit implementation?

- **Develop a spreadsheet for quick notation of users and uses.**
- **Put tools on intranet and track via hits.**
- **Make a standing item on (relevant) meeting agenda and discuss and track via meeting minutes.**

What ideas do you have for evaluating the toolkit in general?

- **Track and explore tools that are not used (2).**

- **Interview NTK members.**
- **Excel spreadsheet.**
- **Outcomes: e.g. how did different tools contribute to decisions- Likert scale**
- **Survey regional staff.**

What feedback, if any, have you had on the E2A findings within your RHA since the NTK meeting?

Have you shared the report within the organization? With whom? What was the level of interest?

- **No feedback on E2A findings reported.**
- **Phase 1 report distributed to senior/exec in 3 regions**

Has the report been posted on the RHA website? Will it be?

- **1 region plans to post the report on the intranet. Others are considering posting on internet site.**

RECOMMENDATIONS:

- 1) Continue tool development as planned.
- 2) Schedule time for brainstorm discussion at June NTK meeting.
- 3) Consider requesting time to present Phase 1 findings to CEOs, VPs and other relevant venues.
- 4) Investigate the feasibility of evaluation pilots.

Appendix 3: June 2007 NTK Member Interview Schedule and Results

From Evidence to Action
NTK MEMBER TELEPHONE INTERVIEW
Update of Implementation of Preliminary Toolkit Items
June 2007

1. Have you developed a plan to implement the toolkit in your region? If yes please describe.
2. Have you had the opportunity to trial any of the 3 preliminary tools since the last update? If yes please describe. If no, what are your plans to overcome the barriers?
3. Other?

Also, let participants know that they will be asked to report on implementation plans and successes and to brainstorm solutions to implementation barriers.

RESULTS OF JUNE 07 TELEPHONE INTERVIEW FOR IMPLEMENTATION UPDATE

These results are based on 2 completed interviews with RHA NTK reps.
Telephone consultations took place between June 4 and June 8, 2007.

6 reps declined to participate due to more urgent responsibilities or delivered "Out of Office messages" (2 regions sent an email update of implementation activities), 10 reps did not reply to email requests to set a mutually convenient time for interview.

Have you developed a plan to implement the toolkit in your region? If yes please describe.

- **Implementation delayed by Health Planning process**
- **Plan to implement via distribution to Program/Practice and EBP Team members**
- **Intend to incorporate use of tools in workshops/backgrounders for next cycle of CHA to start in fall**
- **No plan to implement new tools**
- **Good response to presentation to senior management and discussion of using in policy re care mapping**
- **Plan to make available on RHA intranet**

Have you had the opportunity to trial any of the 3 preliminary tools since the last update? If yes please describe. If no, what are your plans to overcome the barriers?

- **Barrier created by cycle of business that makes RHA too busy to incorporate new processes and affects different components of the RHA at different times: can only overcome by planning more than 1 year in advance.**
- **Good response to presentation to team members in May and subsequent use by some service units noticed and complimented by VP.**
- **Concern that there is overlap with other RHA projects e.g. primary health care that may reduce attention to this project**

Other

- **Need strategic moments for implementation**
- **Planning to use BN template for Pandemic Communication Plan**
- **Insufficient time allowed so far to gather feedback re use of tools**

RECOMMENDATIONS:

- 1) Allow more lead time for planning telephone interviews.
- 2) Continue tool development as planned.
- 3) Schedule time for brainstorm discussion at June NTK meeting
 - a. Explore barriers to implementation
 - b. Investigate the need for other methods of planning implementation

FROM EVIDENCE TO ACTION (E2A) PHASE 2:

DRAFT INTERVENTION ACTION PLAN

Background:

Although the concept and suggestion for the *From Evidence to Action* (E2A) proposal arose from *The Need to Know* (NTK) team members, and was supported by all CEOs, the project is facing a number of challenges. Participation by team members has, to date, been limited. While reasons for this have been identified, the team is still struggling to identify effective solutions.

- The issue of having protected time for NTK activities, first raised in 2001, has not been resolved. While NTK was able to address this challenge by focusing project work in NTK Team meetings, the solution is not appropriate for E2A. Unlike *The Need to Know* activities, the E2A project cannot be conducted solely during the NTK Team meetings, but must be implemented within RHAs.
- As, unlike *The Need to Know*, E2A ventures into uncomfortable territory; it raises issues that RHAs may prefer not to deal with. This, too, presents greater barriers to promoting participation.
- In addition, since the activities require involvement (and change) by individuals other than the NTK members themselves, different strategies are required.

All of these factors combined mean that the project is at a critical juncture. At the June NTK Team meeting, members were presented with two alternatives:

- a) Allow things to continue as they are. This would present the strong possibility that the project would not be completed, and would be viewed as a “failure”. The research component would then focus on exploring reasons for the failure.
- b) Develop interventions to promote greater participation in E2A activities. This participation is needed to enable us to answer the research questions in the proposal.

The team chose the latter alternative: to develop further interventions to increase participation in addition to plans and activities already adopted. This draft plan is based on analysis of the underlying challenges, and suggestions of NTK team members.

Overall objectives:

1. To develop and implement a multi-component strategy to increase participation in E2A activities.
2. To provide individualized consultation and support for site specific and site appropriate interventions to increase RHA participation in E2A activities.

The following table attached summarizes the components of a draft intervention action plan. Please review it and critique it – both as a NTK team member, and from the perspective of your RHA.

| COMPONENT | OBJECTIVE | RESEARCHER/ R.A. ROLE | NTK MEMBER ROLE | TIME FRAME | EVALUATION |
|--|---|--|---|---|---|
| 1. Interviews with NTK Team members | Obtain information necessary for ongoing planning related to: <ul style="list-style-type: none"> ▪ Input to action plan ▪ Planning for site visits ▪ Confidential evaluation of E2A to date ▪ Recommended changes e.g. the development of a regional E2A Steering Committee | <ul style="list-style-type: none"> ▪ Draft interview questions ▪ Schedule and conduct interviews ▪ Analyze | Participate in interviews | Report at fall NTK meeting (Nov.19) | <ul style="list-style-type: none"> ▪ # of NTK members who participate ▪ # of reminder calls required |
| 2. CEO RHAM presentation | <ul style="list-style-type: none"> ▪ Keep E2A on radar ▪ Alert re: upcoming activities (e.g. phone interviews, site visit plans) ▪ Communicate what we need them to do | Draft and make presentation | Be prepared to follow up with CEO | September 12 | <ul style="list-style-type: none"> ▪ Quality and amount of participation at meeting ▪ # of CEOs who participate in phone interviews |
| 3. Phone Interviews with CEOs | <ul style="list-style-type: none"> ▪ Assess level of awareness ▪ Input on project impact to date ▪ Promote support for and gather suggestions for project site visits | <ul style="list-style-type: none"> ▪ Draft interview questions ▪ Schedule and conduct interviews ▪ Analysis | Provide suggestions re questions and approach | Report at fall NTK meeting, perhaps at Rural and Northern day | <ul style="list-style-type: none"> ▪ Suggestions received for site visits, ▪ Other suggestions ▪ Follow up by CEO with NTK rep |

| COMPONENT | OBJECTIVE | RESEARCHER/ R.A. ROLE | NTK MEMBER ROLE | TIME FRAME | EVALUATION |
|--|--|---|--|----------------------------------|---|
| 4. Board orientation-education Module | <ul style="list-style-type: none"> ▪ Institutionalize EI orientation into ongoing RHA activities ▪ Trial approach of Board evaluation activity as an EIDM capacity building tool | <ul style="list-style-type: none"> ▪ Discuss with MB Health reps ▪ Develop draft module ▪ Design presentation, evaluation questions ▪ Coordinate Board presentations at RHA site visits | <ul style="list-style-type: none"> ▪ Provide feedback on board module ▪ Coordinate planning of site Board activities (if selected). | TBD (Possibly during site visit) | <ul style="list-style-type: none"> ▪ # participants ▪ feedback received <p>Longer term:</p> <ul style="list-style-type: none"> ▪ track use for new board orientation ▪ Documentation of references to orientation concepts ▪ Reported changes in board functioning |
| 5. Site Visits | <p>Provide focused opportunity for region wide orientation, participation in E2A. Provide forum for tailoring RHA specific KT/capacity building plan based on RHA priorities and issues Provide framework for organizational E2A involvement & capacity building Provide focused support for E2A role for NTK rep.</p> | <p>Develop plans for individual components Provide overall coordination Contact proposed site steering committee members (or as agreed in #1)</p> | <p>Identify site steering committee members Facilitate links between RA and key RHA staff as needed Act as liaison with CEO Develop, in conjunction with E2A researchers, a plan to promote participation Provide guidance to site specific activities</p> | TBD | To be developed as part of overall plan |
| <i>a.) Potential individual site visit components:</i> | <i>As above plus:</i> | <i>Draft outlines for each component planned Discuss options and specific plans with each NTK rep. Provide support for overall scheduling Develop promotional</i> | <i>Provide feedback on materials, outlines Consult internally on best plan for RHA Liaise and consult with project staff</i> | | |
| <i>Board orientation/ education module feedback</i> | <ul style="list-style-type: none"> ▪ Increase awareness within each RHA of E2A and implications for them | | | | |

| COMPONENT | OBJECTIVE | RESEARCHER/ R.A. ROLE | NTK MEMBER ROLE | TIME FRAME | EVALUATION | |
|--|--|--|-----------------|------------|--|--|
| <i>Presentation on Phase 1 findings: implications for each RHA</i> | <ul style="list-style-type: none"> ▪ Keep E2A in forefront with organizational planners, ▪ Provide tool overview, ▪ Obtain input on level of RHA project awareness, & impact, ▪ Obtain input on strategies for trialing tools. | <i>materials</i> | | | | |
| <i>Short presentation to Sr. Management</i> | | | | | | |
| <i>Presentations to specific committees and groups</i> | | | | | | <i>As previous, also demonstrate applicability of tools to key activities (e.g. accreditation, CHA)</i> |
| <i>½ day workshop for steering group</i> | | | | | | <i>Gather information for individualized KT/implementation plan Share ideas, tools from other regions Generate ideas for projects, explain process for \$\$ support Strengthen key staff commitment to E2A project</i> |
| 6. Presentations & ongoing networking with provincial committees & networks (MOH, CHAN, RHAM, HPSEN) | Develop and strengthen involvement of provincial bodies with view to institutionalizing EIDM provincially | Meet with Lorraine Dacombe Dewar and other MB Health staff to plan | | | # meetings with provincial groups Level of interest expressed Follow up action taken | |

Appendix 5: Implementation Action Plan Interview Schedule and Results

From Evidence to Action
NTK MEMBER TELEPHONE INTERVIEW
Response to Implementation Action Plan
August 2007

PURPOSE:

Obtain feedback on proposed onsite visit (Implementation Action Plan), an update on trial tool implementation and library project and feedback on the E2A project in general.

QUESTIONS FOR INTERVIEW:

(Pre-contact each and arrange a time for 20 to 30 minute interview).

Trial Tools:

1. How is the Toolkit implementation unfolding in your region?
 - a) What feedback have you received on the preliminary tools?
 - b) Can you describe an indicator that would make you conclude that the tool was being used successfully?
 - c) What are you doing to track and record Toolkit implementation?
2. What suggestions do you have for making the tools either more useful or more used?

Implementation Action Plan/Onsite Visit:

3. Does the proposed agenda for an onsite visit meet your region's needs? If not: how should the agenda be modified?
 - d) Is there a preferred or good date for your region?
 - e) What preparations need to be made before the visit date?

Library Project:

4. Have you had the opportunity to try out the services provided? If yes: What have you used?
 - f) How is the data collection form working for you?
5. What suggestions do you have to improve the project?

E2A Project:

6. How do you feel that the project is going so far?
7. Do you have any regrets about the NTK taking on this project?
8. What differences, both positive and negative do you see with the NTK project?
9. Do you have any suggestions or ideas to improve the implementation of the E2A project at this time?

RESULTS OF INTERVIEWS FOR IMPLEMENTATION/ONSITE VISIT PLANNING OCT. 07

These results are based on 13 completed interviews with RHA NTK reps.

Telephone consultations took place between Aug.8 and Oct.2, 2007.

2 reps interviewed jointly, 1 rep declined to participate due to more urgent responsibilities, 1 rep did not reply to email requests to set a mutually convenient time for interview.

E2A Project:

1. How do you feel that the project is going so far?

- “Struggling”, “slower than expected”, “challenging”, “hard to keep momentum going”. Majority of participants cited higher than average workloads (including covering for vacations and vacant positions) and lack of sufficient time to plan and act on E2A project requests since the last NTK meeting.
- “A great project and I am feeling guilty as all get up. It’s the piece that gets pushed over when other things come up.” Feelings of guilt and inadequacy regarding attending to E2A project activities were a common theme.
- “Good concept”, “worthwhile”, “has merit”. Participants feel that time needed to identify meaningful opportunities to implement/use tools has been too short thus far.
- Participants commended the project staff for their efforts and encouraged the continuation of activities such as telephone interviews and contacts in between NTK meetings.

2. What differences, do you see between the NTK project and E2A? Your role with each project?

- “NTK is very practical: both the deliverables and the skills are something you can take back to your region and really use. The E2A is more theoretical and team members really struggle with it both in level of understanding and interest.”
- “NTK is empowering and inspiring....E2A is the operation...the implementation of NTK”.
- Most participants saw E2A as requiring a higher level of input and activity at the local regional level than NTK.
- NTK is seen as being broader and more unifying: a provincial perspective, with E2A more specific and locally focused. “E2A requires more commitment on our part.”

3. Do you have any regrets about the NTK taking on this project?

- “No”. “My only regret is that I have not been able to spend the time I want to, on it.” Some suggestion that regional reps may not be the right individuals to effect needed change within their organizations and that more senior staff commitment is required “this is big picture stuff and I don’t have the authority to do it on my own”. Question of whether regional staff (including CEO’s) fully understood implications of agreeing to participate in E2A.

4. Do you have any suggestions or ideas to improve the implementation of the E2A project at this time?

- No. “Continue to promote and encourage”. “No...this is hard work and we have to get to it.”
- “Need to find tools that people can really use: intuitive and relevant.”
- “Researchers need to be patient with us.” “Maybe we need more time...time at NTK not sufficient. Maybe set up in between event via Telehealth or join in the planning network.”

- More assistance with structuring implementation suggested e.g. a workshop, more examples of use of tools. Although some suggested more tools, others felt that just having tools wasn't sufficient: also need education and ideas for use.

Trial Tools:

5. How is the Toolkit implementation unfolding in your region? Have you had an opportunity to trial any tools yet?

- "Slower than expected". No opportunities or obvious chances to trial since last report. Some reps still waiting for feedback from presentation to senior managers.
- Expecting more opportunities in coming months.

a) What are some of the difficulties you have experienced in identifying opportunities to pilot the tools?

- Time and relevant opportunities cited as major barrier. Other barriers include concern that the tools may be too abstract/complex and do not sufficiently show "how it will either make their job easier or benefit the organization overall".
- Along with chronic vacancies and turn over in key positions, managers are dealing with fatigue associated with extra supervision and mentoring required for "under filled" positions. "We are dealing with the issue of capacity...and not just in numbers."

b) What is your personal opinion of their usefulness? Of how best to trial them in your RHA?

- Much support for usefulness of the tools in general, although acknowledged that they may be more or less relevant depending on individual regional needs and priorities. Viewed as basic information that won't become outdated so not time-sensitive.
- 1 region had a suggestion for best way to trial: incorporating into the regular business of Planning and Evaluation Unit (regional planning toolbox) and presenting to other managers in their corporate Leadership Development Program, using slides from the "Using Evidence" tool.

Library Access Pilot:

6. Have you had the opportunity to try out the services provided? If yes: What have you used? How is the data collection form working for you? About how many times do you think you have used it?

- 6/13 have not had a chance to look at or use the access. 2 use alternate library access. Of those who have used the access, 2 used data collection form.
- Of users, independently searching abstracts and requesting searches be done by library staff were most often used. 2 users very happy with full text access for publications found in search. Between 1 and 12 uses per user.
- Lots of support for pilot and commitment to use the data collection form in future.

Implementation Action Plan/Onsite Visit:

7. How would the proposed agenda for an onsite visit meet your region's needs?

- Limited opportunity to give thought to distributed plan prior to interview. Many reps still needed to discuss locally before providing a response.
- While many felt that the idea of an onsite visit would be an exciting opportunity to gain momentum, need for caution was expressed re the addition of another burden that would not be seen as sufficiently relevant or urgent to regional providers. The need for prior development of clear regional objectives stressed as well as combining with some other planned regional meeting or event.

- Timing of event very important. Most reps feel their regions are completely committed for this calendar year.
- Suggestion to combine more than 1 region: 4 provincial sites.
- 3 regions seemed very interested in trialing Board Education pending review of module contents.
- Possible timing: Nov07 (1 region), Jan08(5), Feb08(2), Apr08(2), May08(2)

QUESTIONS ARISING:

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|---|---|
| <p>Is the level of linkage to RHAs (e.g. NTK reps authority) the correct one?</p> | <p>NTK reps remain personally committed to the E2A project but do not feel that they have the time or the authority to do what they feel needs to be done. This may explain the problems that reps were having responding to the draft implementation plan and committing to an onsite visit.</p> |
| <p>Is a longer period of time needed to implement and evaluate these changes?</p> | <p>Implied need for a more structured implementation/education process will require a longer period of time than initially envisioned. This is evidenced by the limited uptake of library access; a tool that most NTK reps felt was an essential component of their EIDM.</p> |
| <p>Is there confusion about the difference between EIDM at the management/policy level and at the clinical level?</p> | <p>Hesitation and concern about who should attend and what they would get out of an onsite E2A educational event may be linked to continuing difficulties with the concept of EIDM at these 2 levels of organizational decision-making and may also explain reps difficulty in identifying opportunities to implement the use of tools.</p> |