PARiHS Framework

Promoting Action on Research Implementation in Health Services

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PARiHS Framework:

History
Features
Proposed utility
Application Example
PARiHS Origins

- Royal College of Nursing Institute, UK
- 1990s
- Contemporary models of the processes of implementing research into practice are inadequate.
  - Unidimensional
  - Non-interactive
PARiHS Framework

developmental aims:

- Accurately represent the complexities of implementation.

- Useful for explaining variability in the success of implementation projects.

- Useful for guiding clinicians charged with implementing research into practice.
PARiHS Framework Elements

- Evidence.
- Context.
- Facilitation.

Weak to strong support for implementation
Evidence Sub-elements:

- **Research evidence.**
  - Weak: Anecdotal evidence, descriptive.
  - Strong: RCTs, evidence-based guidelines.

- **Clinical experience.**
  - Weak: Expert opinion divided.
  - Strong: Consensus.

- **Patient preferences and experiences.**
  - Weak: Patients not involved.
  - Strong: Partnership with patients.

- **Local information.**
Context Sub-elements:

- Culture.
  - Weak: Task driven, low morale.
  - Strong: Learning organization, patient-centered.

- Leadership.
  - Weak: Poor organization, diffuse roles.
  - Strong: Clear roles, effective organization.

- Evaluation.
  - Weak: Absence of audit and feedback
  - Strong: Routine audit and feedback.
Facilitation Sub-elements:

- **Characteristics (of the facilitator).**
  - Weak: Low respect, credibility, empathy.
  - Strong: High respect, credibility, empathy.

- **Role.**
  - Weak: Lack of role clarity.
  - Strong: Clear roles.

- **Style.**
  - Weak: Inflexible, sporadic.
  - Strong: Flexible, consistent.
PARiHS Framework: Elements and Subelements

- Evidence.
  - Research
  - Clinical experience
  - Patient experience
  - Local knowledge

- Context.
  - Culture
  - Leadership
  - Evaluation

- Facilitation.
  - Characteristics
  - Role
  - Style
PARiHS Framework

Successful implementation is most likely to occur when:

1. Scientific evidence is viewed as sound and fitting with professional and patient beliefs.
2. The healthcare context is receptive to implementation in terms of supportive leadership, culture, and evaluative systems.
3. There are appropriate mechanisms in place to facilitate implementation.
PARiHS Framework

developmental history:


- 2003 to present. Diagnostic/evaluative tool development.
PARiHS Framework

**current knowledge base:**

- Numerous case reports available, in support of face validity and practical appeal.

- One published instrument related to PARiHS.

- Theoretical positions of the framework are still in development.
PARiHS Diagnostic and Evaluative utility?

PARiHS Diagnostic and Evaluative grid:

Kitson et al., 2008.
Summary:

- PARiHS framework has long been the subject of theoretical development.

- Exploratory work in applying PARiHS to implementation interventions is encouraging.

- Empirical foundations for the framework have not developed at pace with theory.
Using Theory for Implementation

Planning

Select theory of planned behavior change

Assess fit with initial theory

Evaluate effectiveness of intervention, strategies, tools

Identify potential strategies for achieving change

Launch intervention using identified tools and strategies

Select interventions that fit with planned strategies (based on theory)

Identify intervention tools that fit both strategy and theory

Evaluate effectiveness of intervention, strategies, tools

See references: Sales et al., 2006
Selecting a Theory - 1

- Consider Context
  - Study characteristics
  - Professional discipline/perspective
  - Intervention characteristics
  - Inner and outer setting
  - Individuals involved
  - Implementation process

- Consider Level
  - Individuals
  - Teams
  - Organization
  - System
Why PARiHS Framework for Spinal Cord Injury (SCI) QUERI?:

SCI system of care and targets for change

a. Evidence
   - Research
   - Local
   - Clinical
   - Patient

b. Context

Opportunities to work with other QUERI groups.
Implementation Project Example 1

- SCI Pressure Ulcer Management Tool (SCI PUMT)
  - Implement a toolkit designed to standardize monitoring of pressure ulcer healing in the VA SCI system of care.
  - PUMT:
    - Training tools (education protocol, CD, models)
    - Competency assessment
SCI PUMT Implementation

12 SCI centers randomized to receive one of two implementation strategies:


2. Enhanced: PARIHS-informed external facilitation strategy.
SCI PUMT Enhanced facilitation

Kitson et al., 2008.
SCI PUMT Enhanced Facilitation

- **Diagnostic Assessment.**
  Measure factors important to implementation at all participating sites. Specifically, the diagnostic assessment will measure:

  **EVIDENCE:** Appraisals of 4 sources of evidence:
  
  1. Published scientific evidence.
  2. Clinical experience or professional knowledge.
  3. Patient experiences and beliefs.
  4. Evidence derived from local experiences.

  **CONTEXT:** Appraisals of 3 aspects of context
  
  1. Organizational culture.
  2. Leadership.
  3. Evaluation.
SCI PUMT
Enhanced Facilitation

- Diagnostic Assessment.

Measures:

Organizational Readiness for Change Assessment (ORCA)

1) Questionnaire, 3 scales:
   Evidence, Context, Facilitation.

Structured Interviews
   Evidence, Context, Facilitation.
SCI PUMT

Enhanced Facilitation

- Depends upon results of diagnostic.

- **AND** Pre-diagnostic efforts
  - **Evidence:**
    - Presentations of empirical research by nursing leaders.
  - **Context**
    - Involving national and local SCI leadership.
  - **Facilitation**
    - Selecting and training nurse facilitators.
SCI PUMT Results

Stay tuned!