PARiHS Framework

Promoting Action on Research Implementation in Health Services

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Spinal Cord Injury QUERI IRC

- **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:

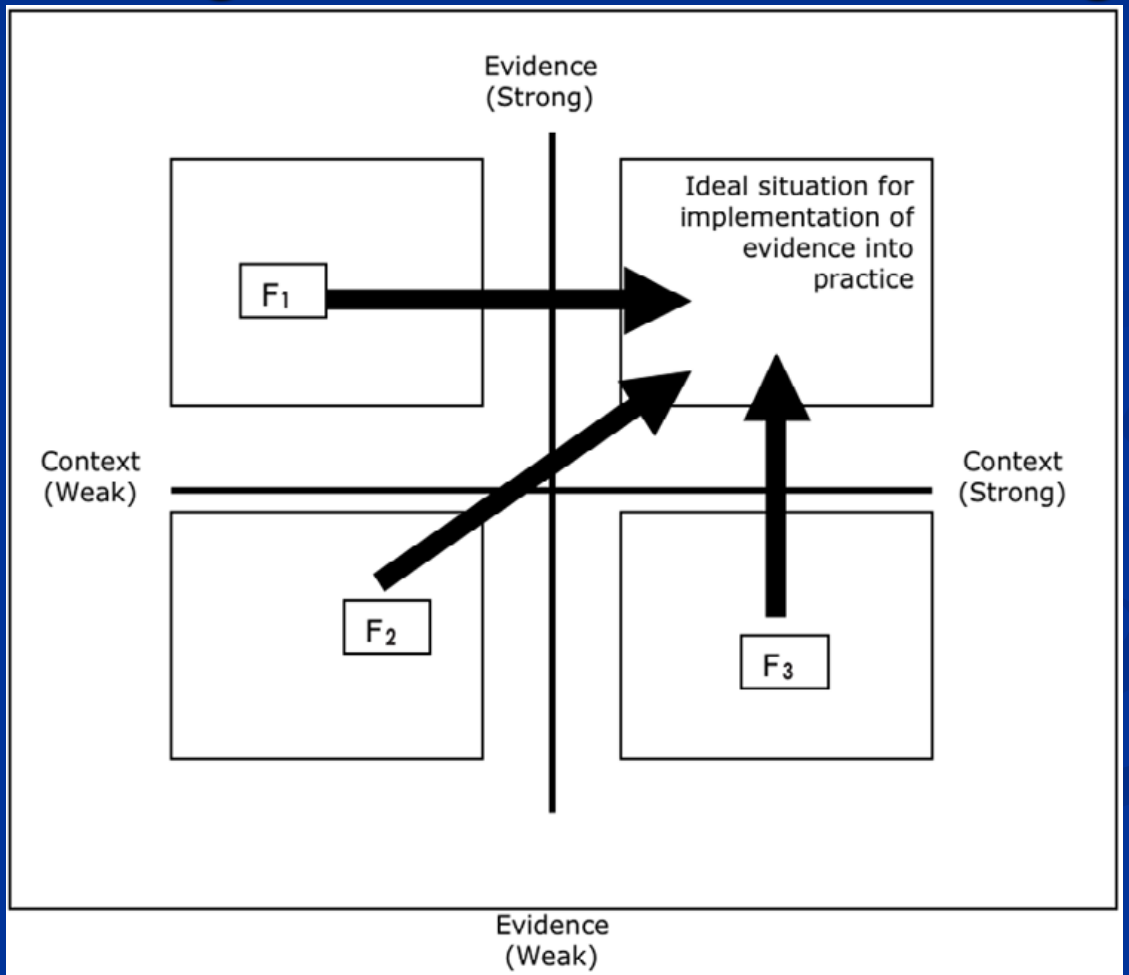
- 1998 - 2002. Development, conceptual analysis.
- 2001-2003. Empirical case studies.
- 2003 to present. Diagnostic/evaluative tool development.

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:

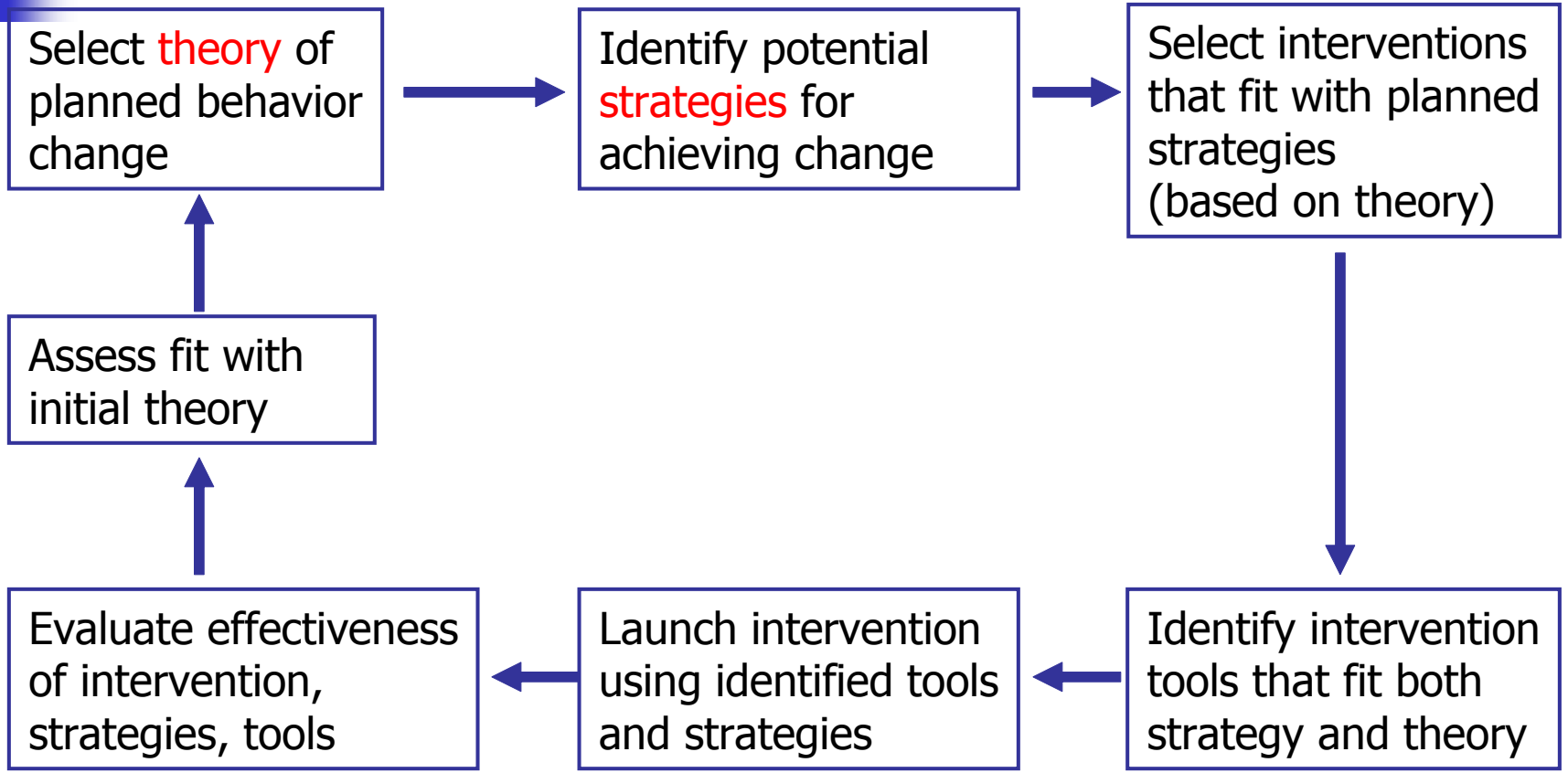


Kitson et al., 2008.

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



CIPRS: Stetler & Damschroder Theoretical Frameworks

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

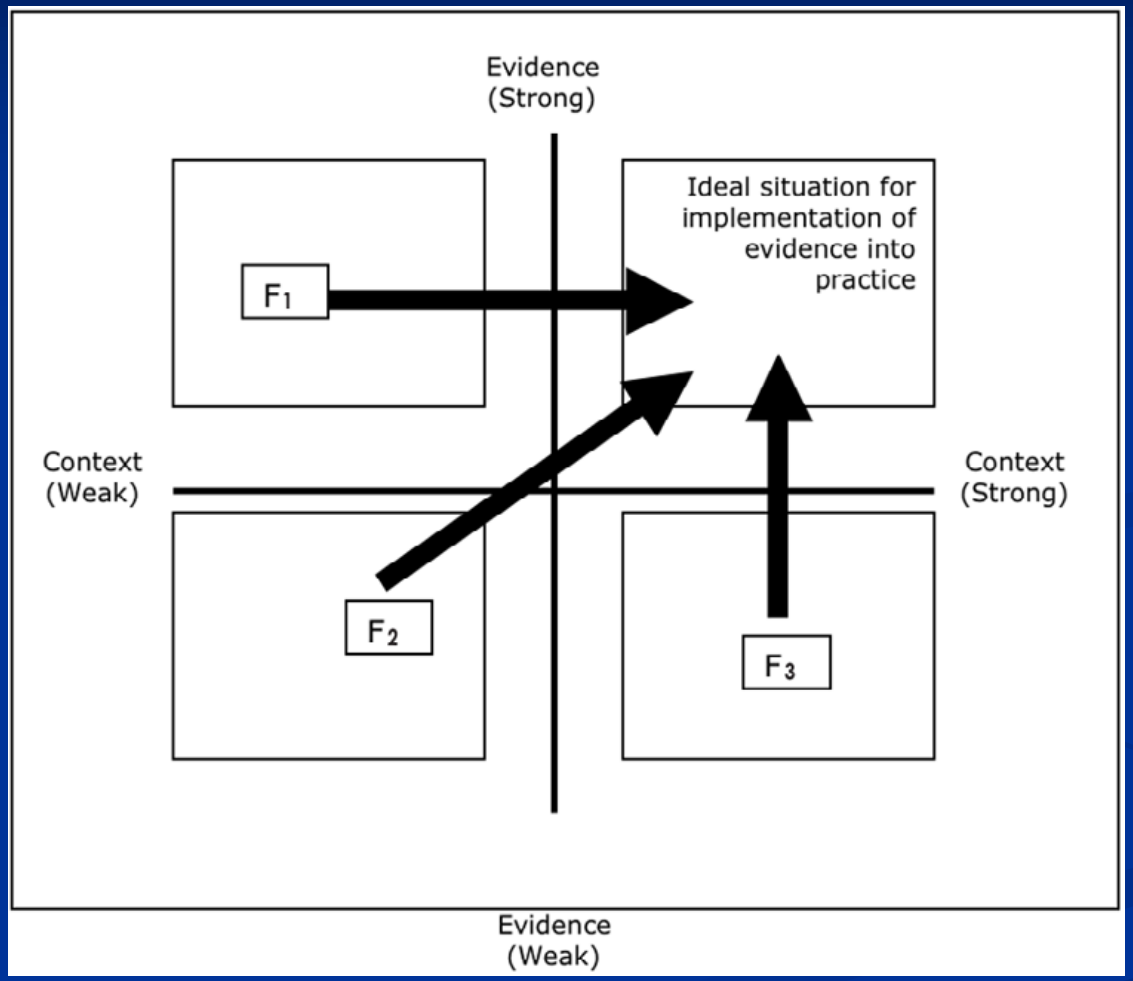
- SCI Pressure Ulcer Management Tool (SCI PUMT)
  - Implement a toolkit designed to standardize monitoring of pressure ulcer healing in the VA SCI system of care.
  - PUMT:
    - Training tools (education protocol, CD, models)
    - Competency assessment

SCI PUMT Implementation

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

1. Simple: Local "champion" receives toolkit materials.
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!