

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.

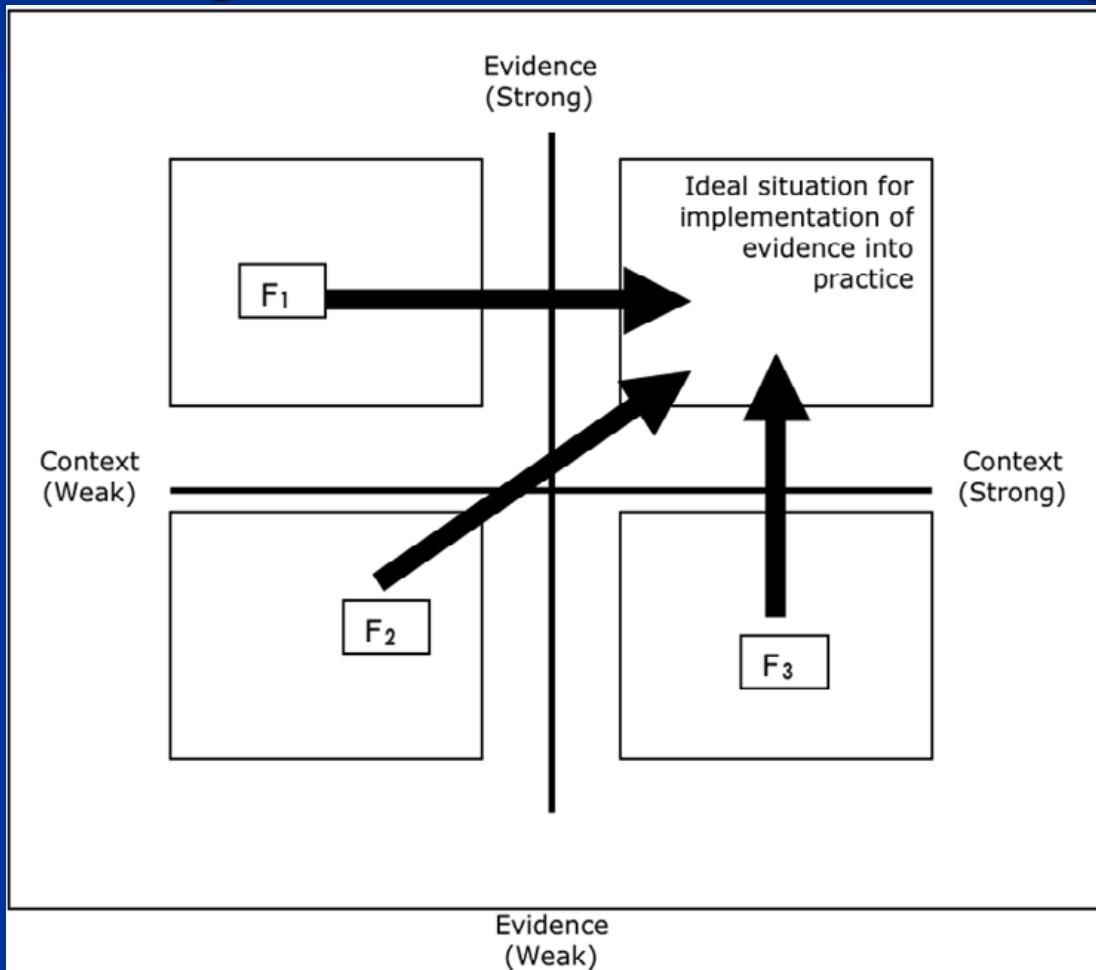
PARiHS Framework

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:

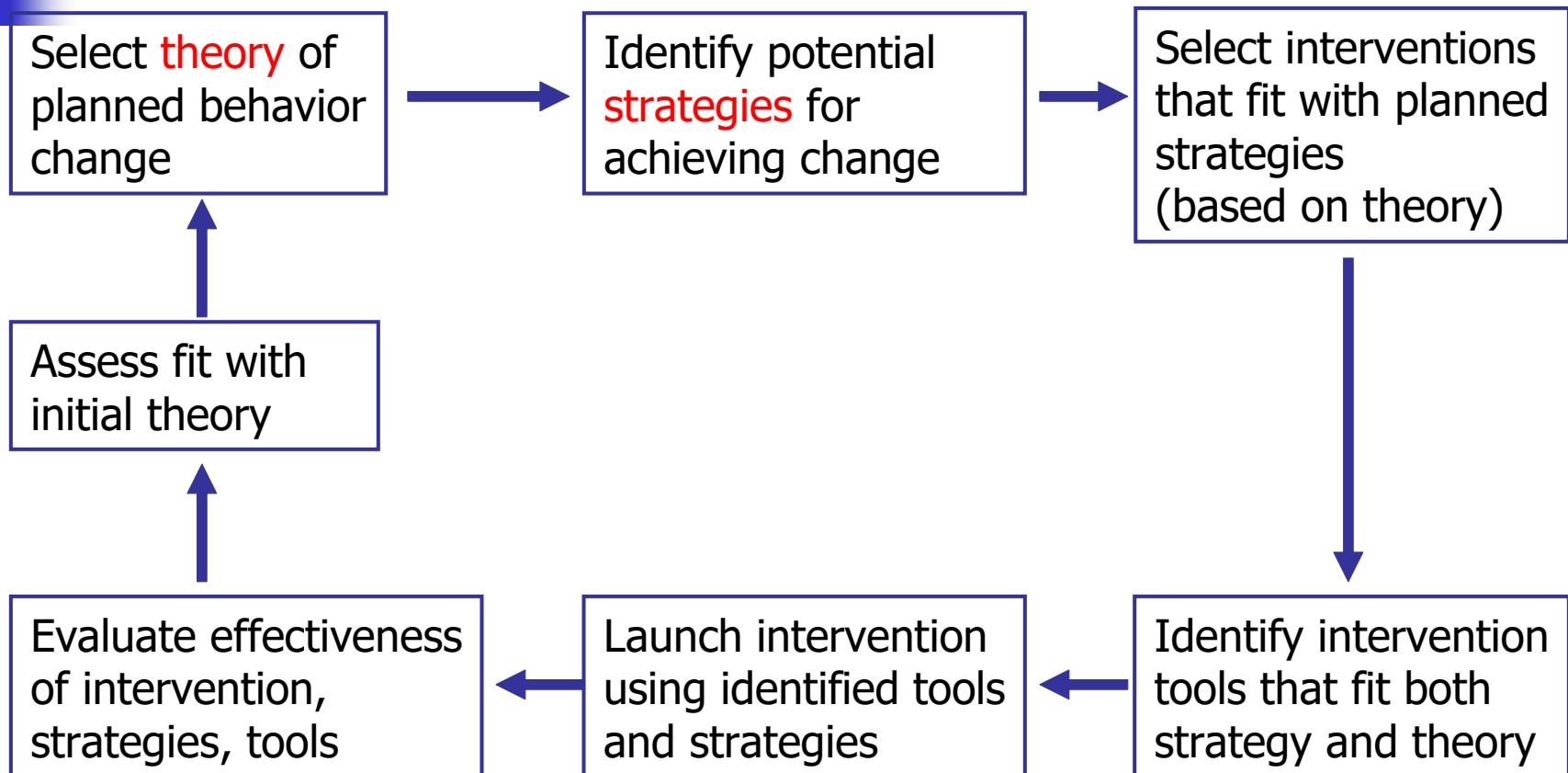


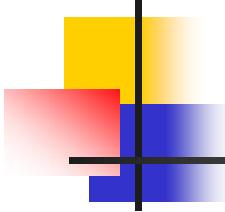
Kitson et al.,
2008.

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





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

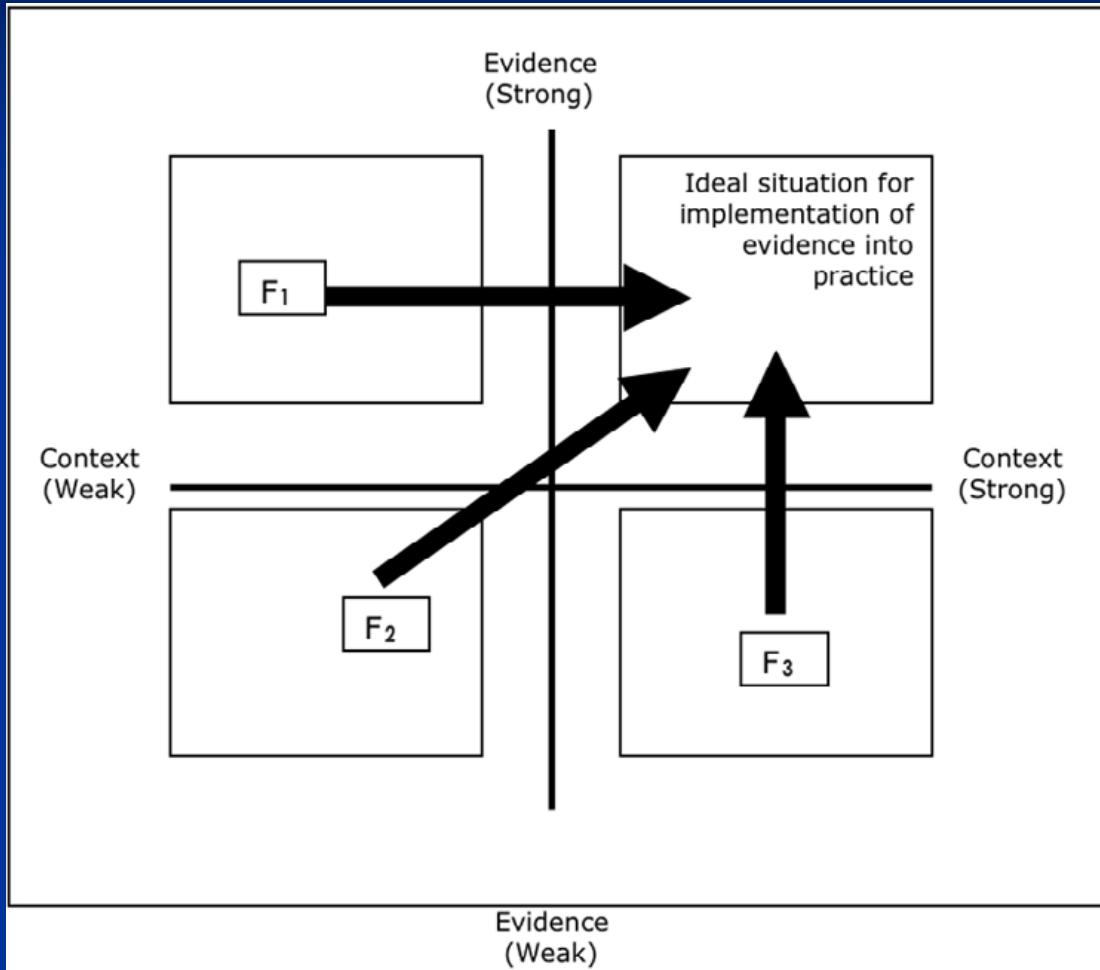
- SCI Pressure Ulcer Management Tool (SCI PUMT)
 - Implement a toolkit designed to standardize monitoring of pressure ulcer healing in the VA SCI system of care.
 - PUMT:
 - Training tools (education protocol, CD, models)
 - Competency assessment

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!