

# WELCOME

- We will start promptly at 12:00pm
- Q&A is OPEN - we encourage you to post questions for today and for future seminars.
- Resources (recording, slides, links & more) will be available after the presentation.
- The session will be recorded and we will be sharing the recording publicly. Please contact us if this raises any issues for you.



Supported by

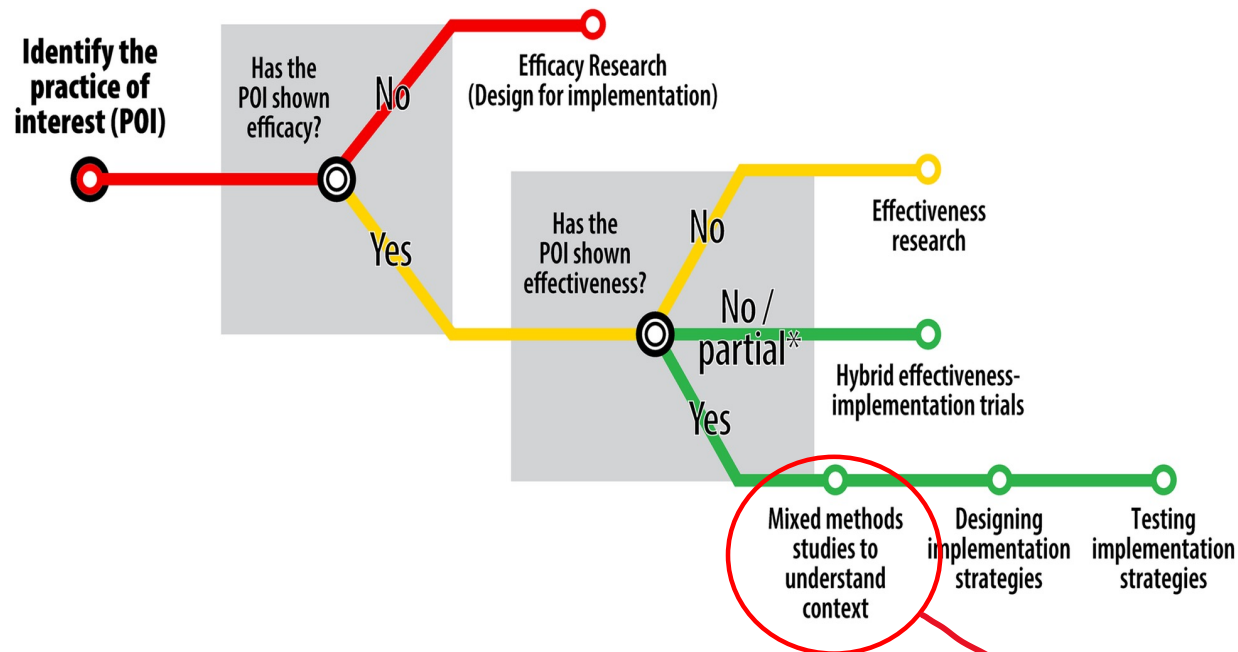
Nutrition & Health Innovation  
Research Institute  
STRATEGIC RESEARCH INSTITUTE

# ACKNOWLEDGMENT OF COUNTRY



**Edith Cowan University acknowledges and respects the Noongar people, who are the traditional custodians of the land upon which its campuses stand and its programs operate. In particular, ECU pays its respects to the Noongar Elders, past and present, and embraces their culture, wisdom and knowledge.**

## SESSION #2 RECAP



### Locating yourself on the “subway line” of translational research

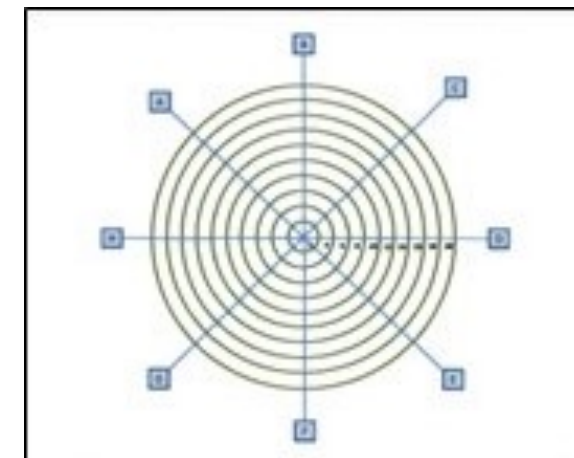
Implementation outcomes and their relationship to clinical effectiveness outcomes – refer to papers by Proctor and colleagues, 2009 and 2011.

Understanding of the context is an essential component of implementation

Lane-Fall MB, Curran GM, Beidas RS.  
Scoping implementation science for the  
beginner: locating yourself on the “subway  
line” of translational research. BMC medical  
research methodology. 2019 Dec;19(1):1-5.

# CHECKLIST TO ASSESS ORGANISATIONAL READINESS FOR IMPLEMENTATION ('CARI')

Checklist to Assess Readiness for Implementation (CARI)		Not even close	Some way to go	Nearly there	We're there
		1	2	3	4
<b>A. SYSTEM CAPACITY</b>					
<b>To what extent do you think:</b>					
A1.	The service funder (i.e., MCYS) recognizes the <b>importance of EIP</b> .				
A2.	The service funder accepts that implementation of EIPs will necessarily <b>affect service provision</b> (e.g., could increase waitlist for service).				
A3.	The service funder and/or administrator recognize that EIP implementation may require <b>additional expenditures</b> , requiring additional budget and/or shifting along budget lines.				
A4.	<b>Technical assistance</b> (e.g., EIP training, coaching, ongoing support) is available for the EIP(s) being implemented.				
A5.	All <b>stakeholders</b> having a role to play have been consulted about their views on the EIP implementation.				
Sub-Totals:					
Total for A:					



[CARI - Checklist for Assessing Readiness for Implementation - BARWICK \(melaniebarwick.com\)](http://melaniebarwick.com)

Completed by all in the **stakeholder group**\*

- \* Is usually fluid, dynamic - membership changes through the project
- \* Some constants
- \* KEY stakeholders can identify who should be present and when



# WHAT IS ORGANISATIONAL READINESS?

**A shared team property -- that is, a shared psychological state in which organisational members feel committed to implementing an organisational change and confident in their collective abilities to do so.**

[A theory of organizational readiness for change (Weiner)]

Miake-Lye et al. *BMC Health Services Research* (2020) 20:106  
<https://doi.org/10.1186/s12913-020-4926-z>

BMC Health Services Research

RESEARCH ARTICLE

Open Access

Unpacking organizational readiness for change: an updated systematic review and content analysis of assessments

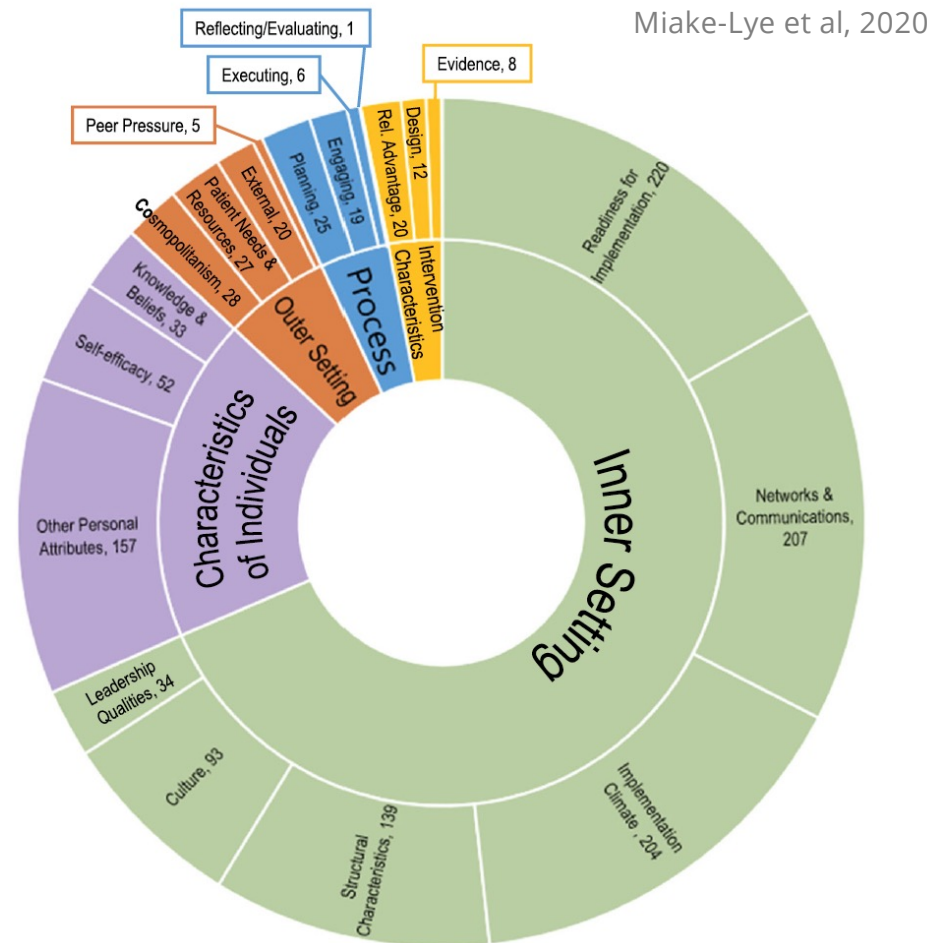


Isomi M. Miake-Lye<sup>1,2\*</sup>, Deborah M. Delevan<sup>1</sup>, David A. Ganz<sup>1,2</sup>, Brian S. Mittman<sup>1,3</sup> and Erin P. Finley<sup>4,5</sup>

*We do not yet have good distinctions between assessing “organizational readiness for change,” “needs,” “barriers and facilitators,” or “factors affecting implementation”*

**Organisational readiness is critical for success but there is no *right* way to measure this**

# MEASURING ORGANISATIONAL READINESS



## INNER DOMAIN

1. Readiness for implementation
2. Networks and communications
3. Implementation climate
4. Structural characteristics
5. Culture

## INDIVIDUAL DOMAIN

6. Personal attributes
7. Self-efficacy

## BONUS

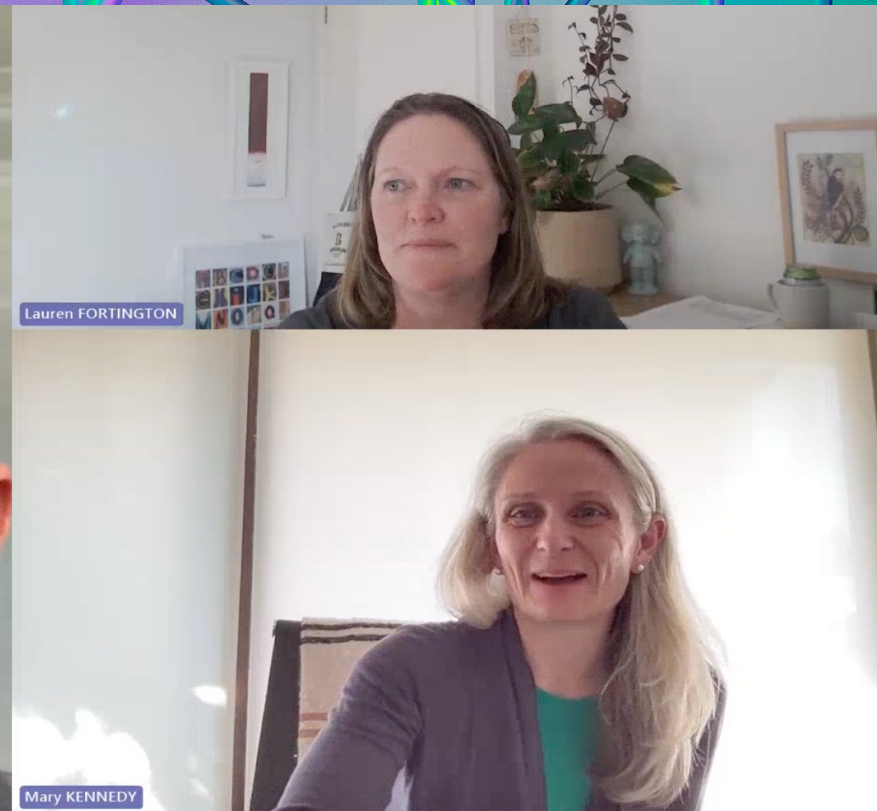
\*leadership  
(intervention not organisation)

<https://cfirguide.org/constructs/>



# INTRODUCING OUR BOUNDARY SPANNER & 'CHAMPION'

Professor Nigel Spry, radiation oncologist and academic (prostate cancer)



# BACKGROUND & KEYS TO SUCCESS

CFIR categories:

- **Self-efficacy**
- **Network and communications**

“Openness to new ideas and different perspectives, fully engaged presence, rich discriminating awareness, or seeking novelty (even in routine situations) was represented by 91 items.”

“People in this team are always searching for fresh, new ways of looking at problems.”

Miake-Lye et al, 2020, page 10



Nigel



# STRATEGIES FOR SUCCESS: ADAPTATION

CFIR Categories:

- **Structural characteristics**
- **Culture**
- **Networks and communications**

“Respectful interaction items (n = 31), which represent “honest, self-confident, and appreciative interaction among individuals; often creating new meaning”, included this example: “Different parts of the organization work together well; when conflict arises, it is often productive”.

The Trust sub-construct, or the “willingness of an individual to be vulnerable to another individual”, contained 16 items, like “to what extent do you feel at ease with the members of your team?”.”

Miake-Lye et al, 2020, page 10

# STRATEGIES FOR SUCCESS: SUSTAINABILITY & GIVING

CFIR categories:

- **Personal attributes**
- **Structural characteristics**
- **Climate**

“Compatibility of the intervention could be with the organization broadly, leadership, a workgroup or team, or the respondent’s beliefs or job. Items in the tension for change sub-construct took the form of needs assessments ... goals and feedback”

Miake-Lye et al, 2020, page 9

Nigel

Mary KENNEDY



# MORE STRATEGIES FOR SUCCESS: TURNING UP

CFIR categories:

- **Readiness for implementation**
- **Structural characteristics**
- **Networks and communications**

“People who work here want to implement this change” related to buy-in from staff members other than leadership, as well as items that described the meeting of pre-conditions for implementation (e.g., “how confident are you that most physicians can use e-prescribing instead of handwritten or printed prescriptions?”)

Miake-Lye et al, 2020, page 9

Nigel

Mary KENNEDY



# THE TAKE HOME

CFIR categories:

- **Implementation climate**

“the absorptive capacity for change, shared receptivity of involved individuals to an intervention and the extent to which use of that intervention will be rewarded, supported, and expected within their organization”

Miake-Lye et al, 2020, page 9

Nigel

Mary KENNEDY

# NO ONE BEST WAY – SO DIVE IN!

“Significant variation and important commonalities in how scale developers operationalize this topic.”

Miake-Lye et al, 2020 – page 11

“The readiness assessments reviewed in this article revealed significant commonalities; however, the specificity of many items suggests most assessments will need to be customized or tailored prior to use.

The continued proliferation of new assessments, meanwhile, signals that there is no current gold standard assessment for organizational readiness for change.

...

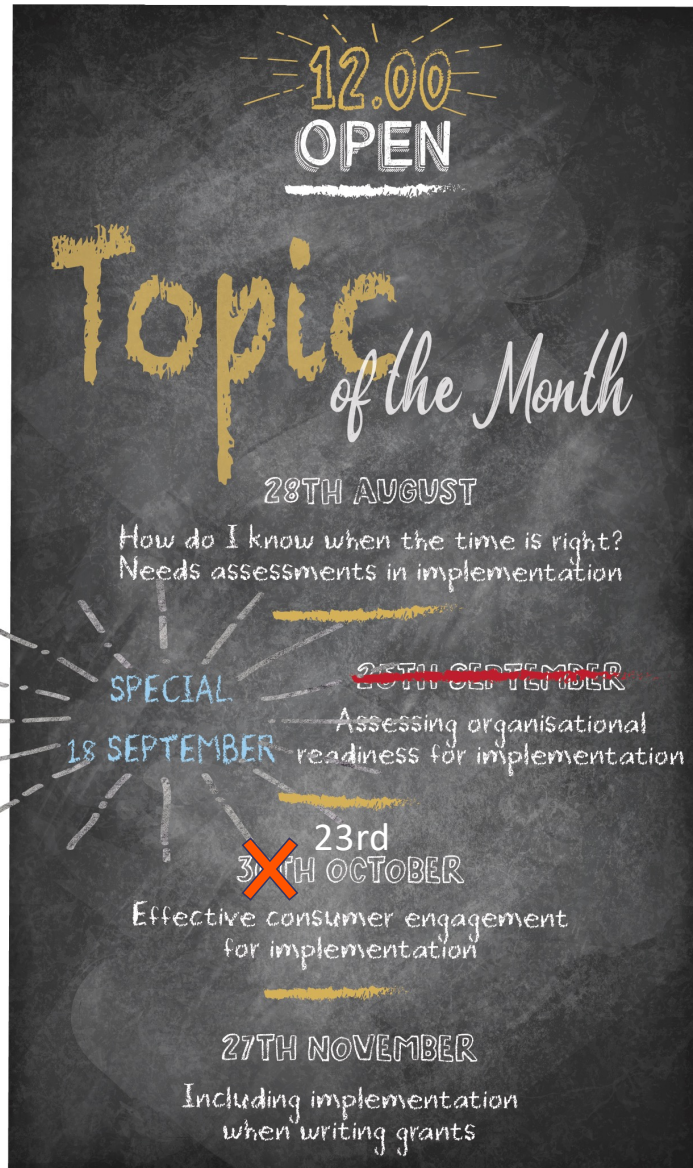
readiness assessments must often bridge the gap between measuring a theoretical construct and evaluating factors specific to a particular implementation.”

Miake-Lye et al, 2020 - conclusion

# Q & A







Next session  
23rd October

Consumer engagement