Centre intégré universitaire de santé et de services sociaux du Centre-Ouest-de-l'Île-de-Montréal

Québec

REFERENCE FRAMEWORK FOR DEVELOPING LEADING PRACTICES IN THE HEALTH AND SOCIAL SERVICES SECTOR

Academic Affairs and Research Ethics Directorate (AAD)
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for West-Central Montreal

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OBJECTIVES

This reference framework is addressed at all stakeholders who may be involved in the development of leading practices in the health and social services sector. Produced by a working group composed of administrators and professionals from the Academic Affairs and Research Ethics Directorate of the Integrated Health and Social Services University Network (CIUSSS) for West-Central Montreal who are involved in updating the CIUSSS's university mission, it has been enhanced by various readers from clinical and scientific settings.

The reference framework has three objectives:

1. Share a common vision of leading practices and how they should be developed.
2. Describe the roles and responsibilities of those involved with a view to fostering innovation and the continued improvement of the practices being developed.
3. Provide the scientific and clinical teams with the tools they need to support the process.

LEADING PRACTICES: DEFINITION

The term "leading practice" refers to an **innovation** to current methods that has been developed jointly by clinicians and researchers. Tailored to the needs of a targeted group or sub-group, leading practices are new or improved ways of screening, assessing, planning interventions, intervening or coordinating services.

These practices can take many forms, ranging from **tools** used to screen for or assess problems or difficulties to individual or group intervention or prevention **programs**, practice **guides**, toolboxes, and decision-making aids for coordinating services or planning interventions.

Leading practices are created in response to the **needs** and **problems** experienced by the users, their families and partners with whom practice setting stakeholders interact on a daily basis.

They may amount to **new practices** aimed at fulfilling the previously unmet needs of a given set of users or population, as well as **improvements to existing practices** that had fallen short of responding to observed needs or the usage context.

GUIDING PRINCIPLES

The development of leading practices must be guided by key principles, particularly:

- Respect for clinical, practice-based, experiential and scientific knowledge
- Close collaboration between research and practice settings
- User participation and the inclusion of user experiences and perspectives
- The establishment's commitment to incorporating scientific advances into the practice and fostering or facilitating teamwork between clinical units and scientific teams
- Application of knowledge transfer methods and procedures through every stage of the development of a leading practice

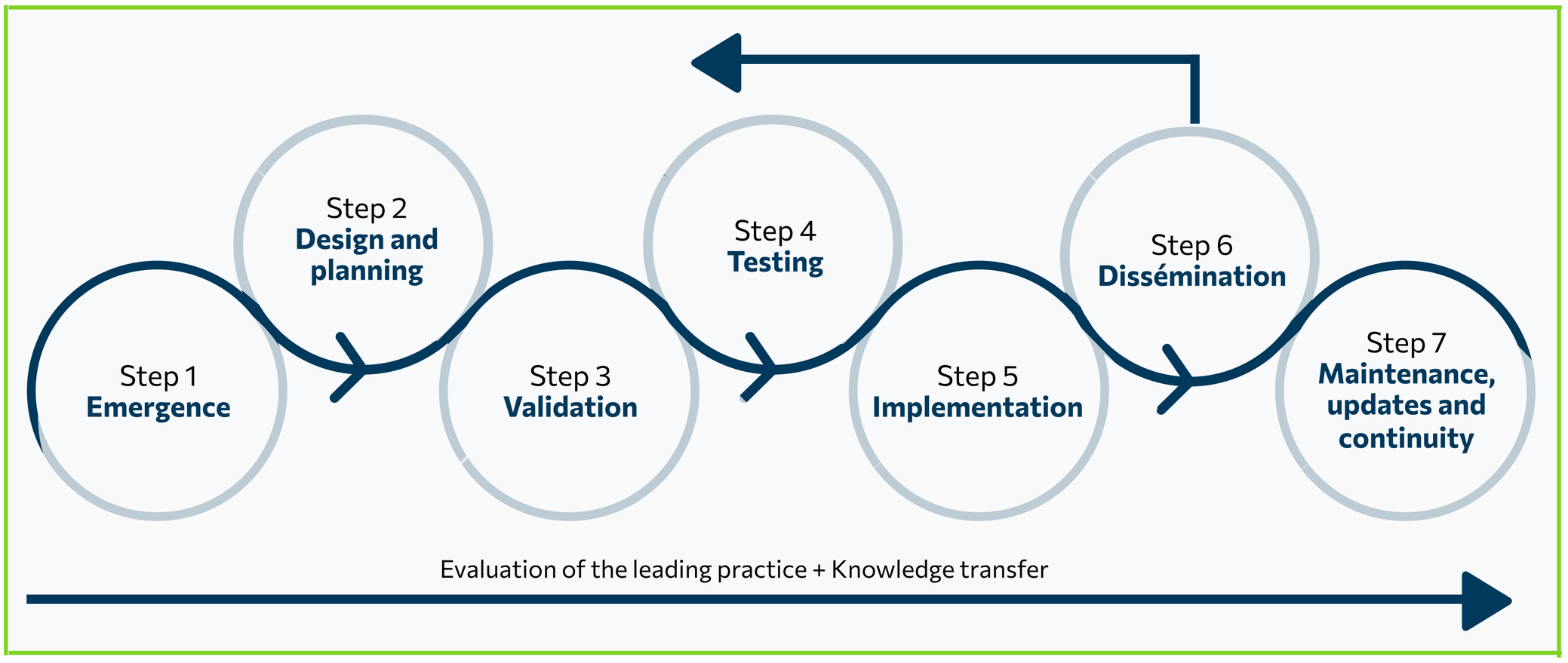
GOVERNANCE MODEL

To select, prioritize, support and monitor the development of leading practices, the core governance structure and mechanisms must provide for:

- A process or device for requesting and gathering ideas and proposals related to the practice being developed.
- A leading practice development unit to ensure that these ideas or proposals comply with MSSS requirements and the scientific guidelines of the University Institutes and University-Affiliated Institutes.
- A governance committee that prioritizes and ensures support from the establishment regarding leading practices.
- A steering committee to oversee operations throughout the development of each leading practice.

LEADING PRACTICE DEVELOPMENT PROCESS

A leading practice develops through a seven-step process:



1 ÉMERGENCE

The process begins when a need is observed in a practice setting, but no solution has yet been put forth. Generally, this need will first be noted by practitioners as they interact with users and their families. It may also be noted by the director or manager of a clinical team or unit, or again by researchers or practitioner-researchers — for example, in the literature on the emerging needs of a population. From here, the practice setting and research community should work together, pooling their knowledge to develop an adapted and effective solution. At this stage, the need must be formally analyzed so that its extent and nature can be determined through a literature review, primary data collection or secondary data analysis. Possible solutions should also be considered; these may emerge from data on the methods currently in use in practice settings, an exploratory review of the literature and/or discussions between practitioners and researchers.

2 DESIGN AND PLANNING

This step involves selecting and developing a solution, then planning its implementation. It may begin with a state of knowledge review to identify the elements considered effective in terms of meeting the observed need and which should therefore be included in the leading practice. Whether the practice in question is simple or complex, developing a logic model is recommended to clarify the connections between the practice's various components, its aims and its intended effects.

3 VALIDATION

Based on the logic model and a first version of the tool, program or guide, the proposed solution must be analyzed to determine its acceptability, relevance, feasibility and how well it meets the targeted aims. For this purpose, it is recommended to form an expert panel consisting of researchers, practitioners, administrators and users, whose combined theoretical, practical and experiential knowledge will help revise, improve and clarify the leading practice and its logic model.

4 TESTING

To test the practice before rolling it out on a larger scale, a pilot project should be set up and trialled with the target population. Depending on what the practice involves, training could be provided to those in charge of implementing it, partnerships formalized with internal or external stakeholders and financing, sought.

5 IMPLEMENTATION

The leading practice is now ready to be implemented on a larger scale, a process that involves two major phases: adoption and adaptation. While present at every stage, the development and transfer of knowledge about the practice take on special importance during implementation. The reasons for this are to ensure the support of those in charge of putting the practice into effect; to see to the practice's sustainability; to make it known; and to prepare for its dissemination in other practice settings. The logic model, updated to include any modifications and improvements, should prove very useful in this context. By the end of this stage, the leading practice should be integrated into the organization's regular processes, thus requiring less support from the University Institute or University-Affiliated Centre.

6 DISSEMINATING THE PRACTICE IN OTHER ORGANIZATIONS

This step involves disseminating the practice in other settings or among other populations. Any organization choosing to adopt the practice will be responsible for implementing and adapting it as needed, a process that can entail having to return to a previous step. For example, adapting the practice to a new environment or specific user needs can mean returning to the design and planning stage, or — if the practice is adopted as-is, with no adaptation — to the testing stage. Here, the team that initially developed the practice may be able to serve in an advisory capacity to the adopting organization. It may also participate in research aimed at better understanding the practice's mechanisms, such as documenting the facilitators and barriers to implementation in various settings or the effects on different clienteles.

7 MAINTANENCE, UPDATES AND CONTINUITY

As the leading practice is rolled out its initial setting, any adjustments must be documented in the logic model. The tool, program or guide must also be reviewed and updated as needed. However, the aim at this stage is to make the practice sustainable, resulting in increased autonomy on the part of the clinical setting and correspondingly less input from the University Institute or University-Affiliated Centre. The development process may then be considered to have been completed.