

A close-up photograph of a hand holding a gold-colored pen, pointing at a checklist on a document. The document has several rows of checkboxes, with one checkbox in the second row from the top being checked with a blue mark. The background is a solid yellow color.

Standardized Tools:

An Exploration of Implementation Barriers and Enablers

camh

Contents

Acknowledgements	3
About this document	4
Introduction	5
Internal (agency) context	8
External (system) context	12
Tool-specific context	16
Conclusion	19
Appendix	20

Acknowledgements

Chris Perlman

Associate Professor
School of Public Health Sciences, University of Waterloo

Brian Rush

Emeritus Scientist
Centre for Addiction and Mental Health (CAMH)

Jennifer Zosky

Clinical Assessment Specialist
Ontario Health, Digital Excellence in Health

Purnima Sundar

Executive Director
Knowledge Institute on Child and Youth Mental Health and Addictions

Melissa Currie

Manager, Applied Research and Evaluation
Child and Parent Resource Institute
Ministry of Children, Community and Social Services

Heidi Maracle

Implementation Specialist
Shkaabe Makwa, CAMH

Jeff Rocca

Knowledge Broker
Provincial System Support Program, CAMH

Alan Cudmore

Implementation Specialist
Provincial System Support Program, CAMH

Deanna Huggett

Manager of Implementation
Provincial System Support Program, CAMH

About this document

Standardized Tools: An Exploration of Implementation Barriers and Enablers is a resource that was developed by a group of standardized tool developers/implementers within the province of Ontario. It outlines three categories of barriers and enablers to the implementation of standardized tools within the mental health and addiction (MHA) system. The development of this resource was facilitated by the Provincial System Support Program at the Centre for Addiction and Mental Health (CAMH) and includes a series of vignettes that we collected through key informant interviews contributed by MHA agencies from across the province.

Introduction

Measurement-based care in the mental health and addictions (MHA) system can be described as the use of validated clinical measurement instruments that provide objective insight, used for screening, assessment, treatment planning, and monitoring outcomes. Standardized tools for these purposes can be used in direct service of the client and can be used to inform broader decision support practices. In Ontario, several standardized tools have been implemented to enhance the precision and consistency of the information that is collected throughout a client's service experience. Tools such as the interRAI (RAI-MH, interRAI ChYMH, InterRAI CMH), the Ontario Common Assessment of Need (OCAN), and the Global Appraisal of Individual Need (GAIN Q3 MI ONT) have been implemented within various service sectors, agencies, and individual programs over the past several years and cover the entire lifespan of the client population. (See Appendix for an overview of the tools covered in this review.) Additionally, Ontario's *Roadmap to Wellness*¹ highlights the need to focus on improving the quality of services offered throughout the system, implementing innovative solutions, and improving access to services throughout several of its pillars.

As with most implementation processes, common challenges to the successful adoption of standardized tools present themselves at various points along the way. These challenges are often overcome through the application of a common range of

solutions. Developing an understanding of the barriers that are likely to be encountered along the way allows for the establishment of enabling processes that will enhance the adoption of the tools and help move implementation more effortlessly through the stages of selecting a tool, implementing it with fidelity and ensuring sustainability.

While extensive literature already exists on the challenges related to the implementation of innovations within the health and social service sector, the goal of this resource is to instead describe some of the common barriers and enablers that have been experienced with respect to the implementation and use of standardized tools within Ontario's MHA system. Over the years, expertise and sector-wide knowledge has grown on the use and implementation of these standardized tools.

This resource is divided into sections that describe three levels of barriers alongside complementary enablers:

- Internal (agency) context
- External (system) context
- Tool-specific context.

Interspersed throughout are a series of vignettes drawn from interviews completed with representatives from agencies implementing the various tools. Six interviews were conducted with representatives from a wide range of service providers in

¹ <https://www.ontario.ca/page/roadmap-wellness-plan-build-ontarios-mental-health-and-addictions-system>

Ontario, including adult mental health, addiction services, and the children's mental health system. These key informants were geographically dispersed across the province. The vignettes provide a snapshot of the journey through the encounter with the barrier, the enabler employed, and the final resolution. The vignettes are presented here as composites of the implementation narratives that we have heard and, as such, specific agencies and key informants will not be identified. We hope that agencies and systems that are embarking on the implementation process for a standardized tool, or those that have hit a sticking point in their implementation of an existing tool, can use this information to address the barriers that stand in their way.

This resource will:

- Help to inform both service providers and system planners about what barriers may be encountered when implementing a standardized tool
- Outline some of the enabling factors that can be employed to enhance the implementation and sustainability of the tool
- Support recommendations for future direction related to the implementation of standardized tools.

Vignette #1 – Global Appraisal of Individual Need

Agency: Adult/Youth Addiction Program

There was a great deal of trepidation on the part of the staff at our agency to implement this new tool. We had an existing suite of assessment tools that everyone was accustomed to using, along with a biopsychosocial assessment that had been in place at our agency for many years. With the existing tools, new staff could pick these up with minimal supervision and oversight and begin using them in a short period of time. Now we were faced with the prospect of having staff pass a quiz, record mock/real client interviews, and then submit these for feedback. There was some pushback from staff that felt the tool was too deficit oriented.

In the end we needed to find a way to accept that change is both inevitable and difficult, and we had to find a way to make the best of it. Our in-house leads made program specific manuals on a variety of issues that were commonly encountered. The administration of our organization allowed us some space to work through our reluctance to begin to use this new tool. We discovered that our internal opposition to a standardized tool could cause some transference to the clients we were using them with. The more we became OK with the tool, the less resistance we were finding from our clients. Letting some of this go allowed for a more natural and conversational feeling with the assessment. Over time, our staff began to be able to fall into a rhythm with the questions and could anticipate issues and inconsistencies before they even occurred. Over time, we even began to integrate some of our own clinical observations into the recommendation summary that was automatically generated by the system upon completion of the tool. Allowing some flexibility to the recommendations generated by tool itself allowed different philosophical approaches to be integrated (i.e. what do you feel is going well in your life?). These shifts that we made along the way has allowed us to feel far less burdened by the tool than when we first started.

Internal (agency) context

RESOURCES

BARRIER

Recruitment of staff with the required skills and abilities to administer the tool. New staff members may have an increased need for support until they gain mastery of the tool and processes.

Staff may not be ready for training on standardized tools until other skills have been mastered. Technical skills for using virtual platforms may also be lacking.

Fiscal resources for training and supervision can be difficult to access in smaller- or medium-sized agencies.

There are often competing demands on the administration of the organization to maintain existing practices while also implementing new ones. This can become overwhelming to some agencies and cause staff burnout, inconsistencies between programs, and a rushed overall implementation.

Multiple different processes for data collection that are not well coordinated may exist, and may result in duplication and/or gaps.

ENABLER

Training/mentoring staff can be developed in-house at agencies that require a high level of support to their implementation/ sustainability processes.

Agency leads can ensure that the tool is being used by the appropriate staff/programs and make sure that the tool is being implemented with the appropriate client population.

Agencies may develop an internal community of practice or look to champions within the agency to support training and supervision needs.

Coaches or mentors can coordinate training efforts within the agency, provide a central linkage to the developer, and can initiate strategies (include assessing overlap between existing practice and new ones and removing duplication) to maintain the use of the tool across different programs and sectors over time

Ensure that the use of the tool is embedded into workflow practices. Internal planning early in the implementation process can serve to avoid duplication of efforts.

Resources to support the use of data and results from standardized tools to inform decision-making may not be in place. Understanding of data from the use and implementation of a tool is necessary for quality improvement purposes.

An internal evaluation strategy can be developed to ensure that the tool is being used with fidelity. If the tool is being used as designed, it offers opportunities to inform quality improvement activities and streamline processes within the agency.

Regularly reviewing data summaries is an effective method to highlight and remedy abnormalities.

TIME

BARRIER

High client caseloads and/or rapid turnover of clients create pressure to manage waitlists. If a tool is time-consuming to complete it may become underused.

More experienced and/or competent staff end up being assigned a higher-than-average number of assessments. These critical staff members may then be drawn away from other important initiatives or experience burnout. Less experienced staff members may be unable to consistently complete the tool efficiently and accurately with each client. If each tool is not completed with fidelity it can negatively affect client outcomes.

Tool administration can be delayed due to high client caseloads and a lack of trained staff. If not completed expediently, service

ENABLER

Group assessments may provide an option to reduce the staff capacity necessary to complete the assessments.

Administration of a new tool typically becomes faster with practice. Leadership should ensure all staff using the tool have an opportunity to do so with regularity sufficient to achieve and maintain comfort with the tool. This also lends itself to a better client experience.

Various clinical disciplines may be assigned to certain sections of the tool to maximize the expertise and minimize staff burden (depending on the structure of the tool).

Implementing an IT solution that eliminates duplicate information collection can improve workflow.

delays and missed opportunities for critical programming can result.

Examining the agency workflow in implementation planning is critical to developing efficient pathways with new processes.

COMPETING DEMANDS

BARRIER

Staff members being trained on a new tool may have different opinions on whether the tool is necessary and whether it is effective.

If service pathways and client caseloads are not congruent with the design of a comprehensive tool, it may be underutilized and undervalued.

Resources within programs or agencies to monitor and evaluate the effectiveness of the innovations that they implement can be scant or non-existent. Without a means for reflection, it is difficult to prioritize which initiatives need extra work or attention.

Agency trainers or champions may leave without transitioning the role to another staff member if sustainability mechanisms are not in place. Service disruptions and implementation momentum may result if it takes time to hire and train new staff.

ENABLER

Coaching and mentoring should be provided to facilitate uptake, staff motivation, and sustainability. It is essential that the implementing staff see the value in conducting a comprehensive assessment.

Data gathered from the use of the tool or instrument can be used to strengthen and enhance the implementation and evaluation efforts.

Agencies tend to be more successful if they develop clear processes on tool completion and use of the clinical outputs of the tool.

The development of a quality improvement and/or review process related to the implementation of the new tool is advisable.

Senior leadership support and business process strategies are strong supports for a successful implementation.

Early planning effort can help direct resource allocation across a number of different staff to support successful implementation.

A “champion in training” identified who can provide coverage during leaves or step in when a Champion moves on from their role.

External (system) context

RESOURCES

BARRIER

Program offerings that are indicated in the tool may not be consistently offered/available across all service systems in the province. Without sufficient program offerings to refer out to, the use of the tool may seem redundant.

Local service systems may not have the capability to conduct community needs assessments that would help them understand the number of agencies and the number of trained staff that are required to keep up with demand for the tool.

Agencies and programs often use different electronic medical records and reporting systems, which may result in data sharing interoperability challenges.

Strategies for community mobilization and system planning related to the rollout and sustainability of standardized tools and instruments may not be present. Without some form of “system intervention” clients may experience a disjointed service experience.

ENABLER

Creating space for all system stakeholders to come together and support each other to embed the new tool into the service spectrum is essential. Challenges and solutions between similar agencies may exist and can be shared. Agencies can draw upon each other to enhance their implementation, which may then lead to the establishment of new and innovative program offerings.

A data/evaluation system needs to be established in order to be able to monitor and improve the implementation efforts over time. Data drawn from the implementation of the tool can be used to conduct quality improvement activities.

Leverage existing network tables to talk through options for consistent processes that are feasible with the participating system partners and infrastructure.

Sustained system leadership and coordination needs to be in place to guide the bigger picture aspects of the implementation. An accountability structure needs to be in place to monitor the deployment of the tool and connect the implementation with other system priorities and initiatives.

FIT

BARRIER

Organizations may have been compelled or pressured to implement a new practice that they have not yet completely bought in to or are not yet prepared to take on. This situation may result in a series of false starts or lack of uptake of the tool, particularly if there is no associated mandate or accountability structure in place. Agencies may also not have the capacity to review and implement a full process/pathway change.

The implementation process used in one type of service or locale may not be successfully followed, or be appropriate in another. Sufficient time spent on planning and improvement cycles needs to be factored in for each new implementation, with local needs/uniqueness fully considered.

A mechanism needs to be in place in large and complex service delivery systems to eliminate duplication of efforts and ensure that the correct instruments are applied in the appropriate place at the appropriate times.

ENABLER

Communicating the successes, challenges, progress, and opportunities created by the implementation of a new innovation is essential to assist other agencies that are struggling with buy-in or are new to the tool or instrument.

Resources that can support adoption of the tool include: implementation guides, communities of practice, implementation committees/forums, and e-learning. These resources enable the tool to be used consistently over time and can provide examples of nuanced implementation barriers for a variety of environments.

‘System’ staff can be assigned to assist with training, certification, and capacity building initiatives for the tool. This role is key in being able to take a bird’s eye view of the implementation in order to solve problems that may occur across the entire system. Conducting sector consultations to gather feedback on the fit of the tool and making adjustments from that point forward will help.

CLIENT/POPULATION FACTORS

BARRIER

Certain clients are not at a place in their recovery/readiness to complete an in-depth assessment. Having a universal requirement that every client completes the same assessment can become a barrier to them.

Many clients of the MHA system attend their appointments sporadically which can cause a series of false starts and interruptions to the flow of the process if the assessment takes more than one appointment to complete.

ENABLER

Initial planning should include thinking through client pathways in the agency and associated timing of the tools with room for flexibility based on individual needs.

Clinical skill is an essential piece of successful implementation of standardized tools. Service providers may administer the tool over multiple sessions, encourage breaks, and provide supports (e.g., a support person or an interpreter).

Virtual appointments may be more accessible for some clients and may be an option to promote participation.

Assessments may be completed on paper in the community if there is agency capacity and that is a better fit for the client.

Vignette #2 – Ontario Common Assessment of Need

Agency: Adult Mental Health Agency

As agency leads, we came into this project after it had already started with the assumption that all of the staff were actively using the tool. Upon further investigation however, only about half were. Many of the typical barriers were in place: duplication with other tools, lack of time, lack of buy-in, and drift from original mandate. We connected with other similar programs around the province and found that they were experiencing similar problems. Luckily, we had provincial resources to be able to draw upon to begin to generate some ideas on how we could bring our numbers up.

We began to do some process mapping and in short order found where several of our “pain points” were. Once these were identified we could then build in some time and space to allow for the expectation that the tool could be completed with each client. Re-training seminars and webinars were held. We kept track of our completion statistics over time. New resources were developed and implemented. Over time, our numbers of completed assessments began to grow. We had the benefit of sharing our processes and resources that we had developed at our agency (postcards and bookmarks) out with the rest of the system through the intermediary agency we were working with. There was a feeling on the part of the staff that they were contributing to something bigger than just their own agency process that was validating to them.

Tool-specific context

ADAPTATION ISSUES

BARRIER

Implementing new practices can feel foreign and uncomfortable; therefore, a drift back to “the way things have always been done” can be common.

The chosen tool may not always be an exact fit for the setting or population that is served by the program or agency. The ability to adapt the tool to each specific service delivery context may be limited.

The recommended tools may be packaged or embedded within a suite of instruments. The use of the tool may be staged or the completion of a certain tool may trigger the use of additional tools.

ENABLER

Many different strategies can be employed within a supportive training/development process such as classroom learning, e-learning, and self-directed study. These processes are best coordinated by a central body to ensure maximum impact, consistency/fidelity, reduced duplication of effort and accessibility in a centralized location.

An intermediary organization can assist systems and agencies to implement the tool with fidelity. Intermediaries can help support planning, facilitate connections with other implementers, and assist with development of mitigating strategies.

Supported communities of interest and/or practice are also an effective strategy.

Provide capacity for implementation support and reducing the duplication of support needs throughout the sector. Developing an implementation plan with an eye to interrelation of all tools that may be used is advised.

MONITORING/FIDELITY

BARRIER

Monitoring practices are not always in place that check in periodically as to the effectiveness of the use of the tool. Without effective implementation, it is very difficult to ascertain the effectiveness and value of the intervention.

The ability to interpret and use data from the tool is not consistently available. Since the same tool can be used in different contexts, a process needs to be in place within the system to interpret and use the data that is collected.

ENABLER

Developing a process to collect and share promising practices for the completion of tools is necessary. Spending some time working on data quality generated by the tool can be helpful. Keeping training and utilization data is advisable and can be used to facilitate a liaison with the funder/system planners.

Webinars, videos, guides and newsletters can be produced re: data utilization that enhance the sustainability of the tool.

Vignette #3 – InterRAI

Agency: Children’s Mental Health

Our staff had experience with implementing a couple of other assessment tools in the past. Over time there would be this drift away from what had originally been planned and the tool ended up sitting on our therapists shelves. Therefore when we started with the InterRAI there was already some staff resistance.

We realized that we didn’t really have a way to accurately monitor the use of these tools in the past so for the InterRAI we decided to build this capacity in at the front end. An internal community of practice was developed that used the evaluation data that we had been collecting to refine our process over time. The evaluation data was broken down into domains which made it easier to see which areas needed attention. We were able to engage an internal research and evaluation team to analyze the data that was being collected. Over time we were able to show pre/post change in the use of the tool. Having this data at our fingertips allowed the administration and board of directors to see the value of the continued use of the tool and make investments of time and resources to ensure the sustainability of this initiative over time.

Conclusion

Barriers to the implementation of standardized tools across the system are often common across tools, as they reflect broader system issues including resources and capacity. However, experience in the sector lends itself to ongoing information sharing to support this work, particularly in the context of the mandate of the Mental Health and Addictions Centre of Excellence to use standardized tools in an effort to promote consistent quality care across the province.^{2,3} Adaptive and innovative solutions developed by service providers across the province should be leveraged for ongoing implementation work in the system to ease some of the pressures related to changes in process. Using the three levels of barriers and enablers (agency, system and tool-specific) that are outlined in this resource, agencies implementing tools can become better informed and prepared to take on the challenges ahead of them.

A number of enablers have been suggested throughout these levels that provide strategies to reduce the time and effort spent getting to the full implementation of standardized tools:

- Designating leads, mentors and champions
- Developing an internal or system-wide community of practice
- Integrating the tool into current/future workflow processes
- Creating internal/system wide QI/evaluation initiatives related to the tool

- Working with software vendors on innovative IT integration strategies
- Developing system support/networking opportunities for tool implementers
- Working alongside intermediary organizations/developers on implementation strategies
- Communicating successes and sharing helpful resources across agencies and systems.

As a next step to this work, it could be helpful to develop a generic implementation and/or evaluation/monitoring plan for standardized tools used in the province. The implementation plan could assist agencies in identifying possible mitigating strategies prior to the occurrence of many of the potential barriers. The time and effort set aside for planning for the implementation efforts is essential to setting up the appropriate trajectory towards sustainability, while at the same time, consolidating both the intention and value of the tool. Standardized tools can become the basis for informing decisions at multiple levels, from the person to the policy. This can be achieved by nurturing an ecosystem where the tools become implicit in day-to-day activity because they are supported and valued across the organization.

² <https://www.ontariohealth.ca/our-work/programs/mental-health-and-addictions-centre-excellence/about-centre-excellence>

³ <https://news.ontario.ca/en/release/55843/improving-quality-and-delivery-of-mental-health-and-addictions-services>

Appendix

Description of standardized tools

Tool	Description	URL
Ontario Common Assessment of Need (OCAN)	OCAN is the standardized assessment tool used in the community mental health sector. OCAN supports a recovery approach by supporting conversations that capture the client's current situation, needs, strengths and service plan.	https://www.ontariohealth.ca/our-work/community-care-resources-support/common-assessments
InterRAI CMH	The CMH is a standardized assessment system for clinicians in community mental health settings. This instrument is designed to incorporate the person's needs, strengths, and preferences when assessing the key domains of function, mental and physical health, social support, and service use.	https://catalog.interrai.org/category/community-mental-health
InterRAI-ChYMH	The ChYMH is the main tool in the Child and Youth suite of instruments in community and mental health settings (age 4 to 18 years). The Adolescent Supplement is completed for youth 12+ years of age.	https://catalog.interrai.org/category/child-and-youth-mental-health
Global Appraisal of Individual Need (GAIN Q3 MI ONT)	The Global Appraisal of Individual Need Quick3 Motivational Interviewing Ontario (GAIN Q3 MI ONT) is a comprehensive assessment allowing the client to share their life circumstances across a broad range of areas, with a particular focus on substance use. This assessment and the auto-generated clinical reports provide a foundation for treatment planning and referral decisions.	http://improvingsystems.ca/projects/provincial-screening-and-assessment