

## Using Implementation Science to Steer Change

Rachel Cansino, MPT, MS-HCA; Kym Thomas, BHScOT, OT, Reg.(Ont); Nicole Young, MScOT, OT Reg.(Ont); Jo-Anne Desroches BScPT; Kim Hesketh, MScPT, Certified Implementation Support Specialist

### Identify Problem:

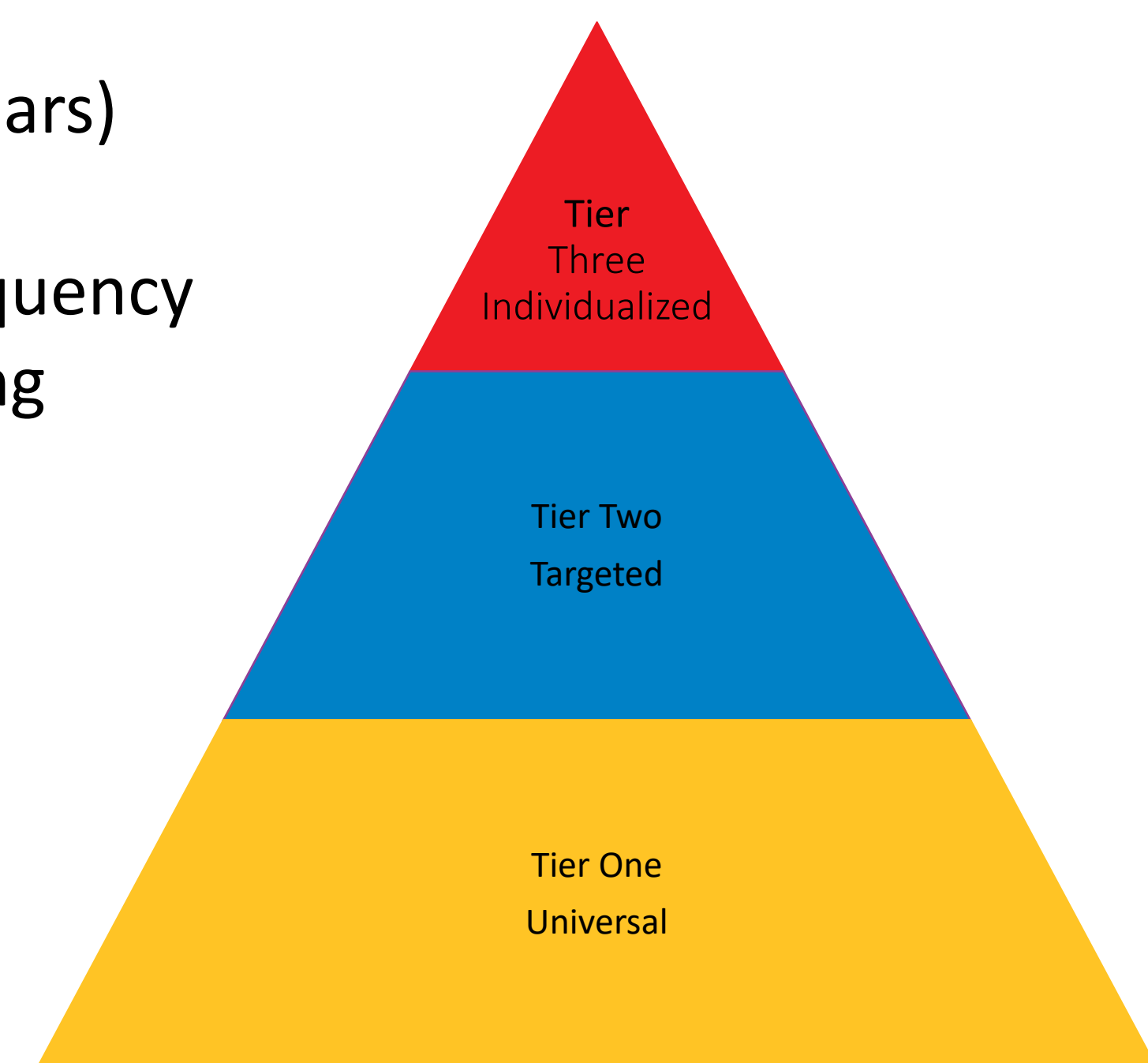
- Long wait times for service (Three or more years)
- Standard number of visits per student
- Limited service type, timing, dosage, and frequency
- Renumeration system limited capacity building

### Select Knowledge to Implement:

- Tiered model of service delivery

### Adapt Knowledge to Local Context:

- Three school boards with long-standing, positive working relationships
- 138 English-speaking Elementary Schools in year one



### Assess Barriers and Facilitators

#### using the COM-B and Theoretical Domains Framework (TDF)

Capability	Motivation	Opportunity
Knowledge	Beliefs about Capabilities	Environmental Context and Resources
Skills	Intentions	
Memory, Attention	Beliefs about Consequences	Social Influences
Behaviour Regulation	Optimism	
	Goals	
	Emotion	
	Identity	
	Reinforcements	

#### Key Barriers:

- High ratio of schools per Occupational Therapist (OT) (Opportunity)
- Change in expectations (Motivation)
- Change in duties and knowledge (Motivation)
- High volume of communication required to hundreds of stakeholders (Capability)
- Environment - Change fatigue due to post pandemic pressures and education labour disputes (Motivation)
- Contractual limitations (Capability)

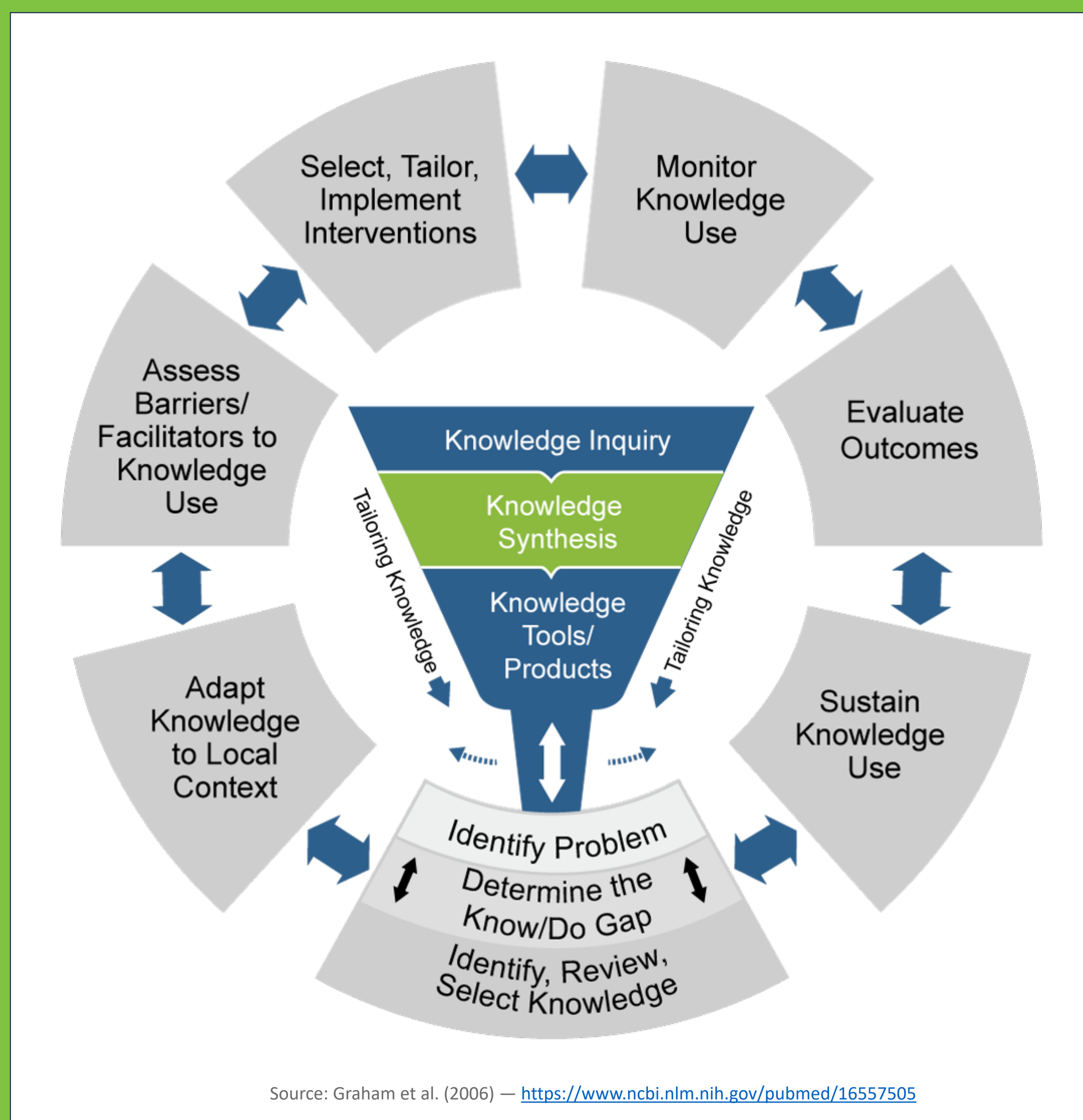
#### Key Facilitators:

- Pressure to decrease the wait times for service (Opportunity)
- Passionate team of OTs and leaders with visions for change (Motivation)
- Available literature and a peer network across the province (Capability)
- Familiarity with current Client Information System (Opportunity)

### Monitor Knowledge Use:

- Planning meetings with each school
- Ongoing implementation team meetings
- Tracking of service targets and the use of a standard triage document
- Mid-year feedback session with all frontline providers
- On-going school board feedback

**Implementation science is crucial for achieving successful program transformation.**



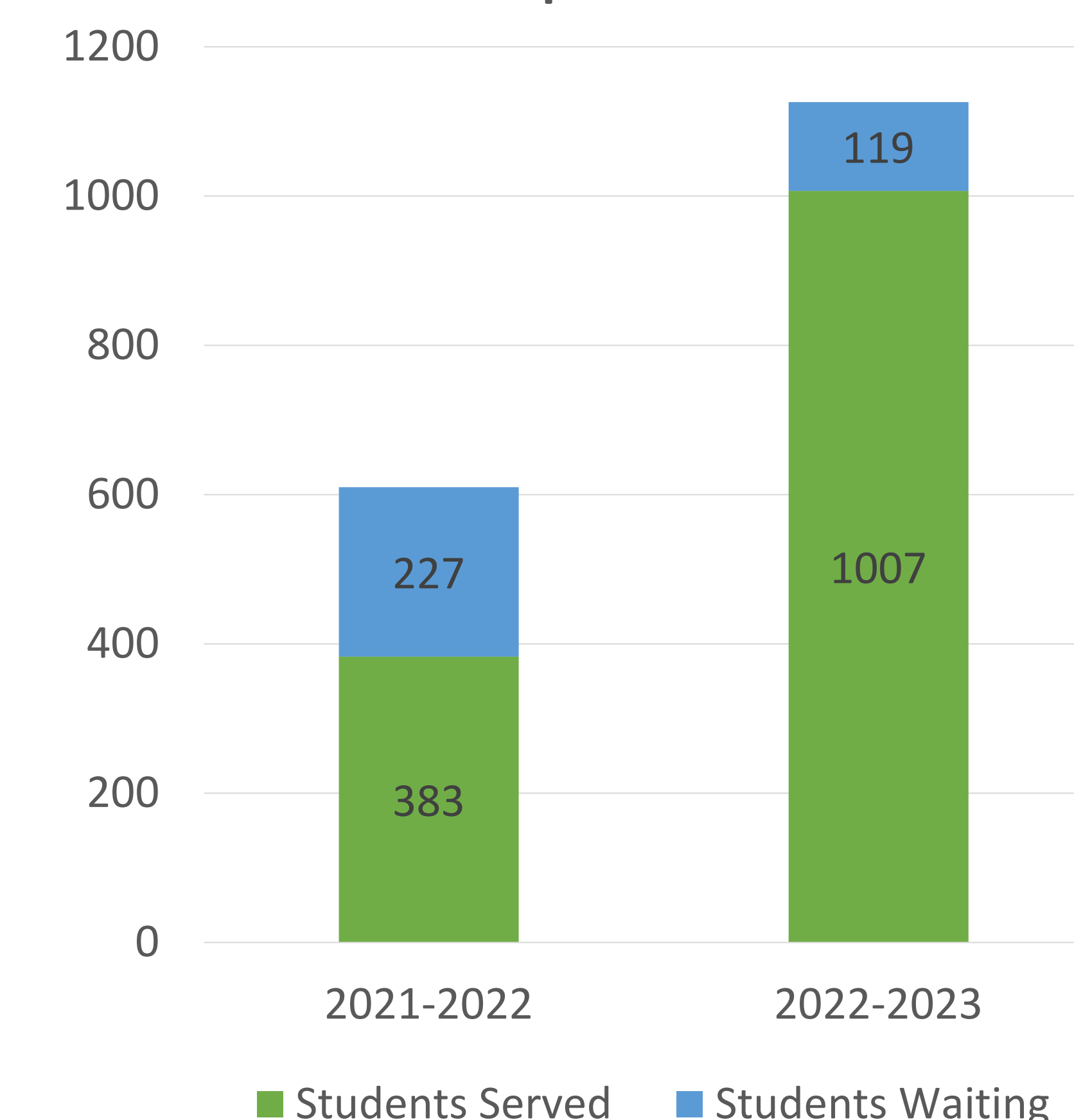
Source: Graham et al. (2006) — <https://www.ncbi.nlm.nih.gov/pubmed/16557505>

Using the Knowledge to Action Cycle, we successfully transformed our School-based Rehabilitation Program to **enhance services, reduce wait times,** and ultimately address the needs of kids in a more **efficient and equitable** manner.

KEY Implementation Interventions	Capability	Motivation	Opportunity
Frontline provider skill training			
Staggered start of schools (Year 1: English Elementary, Year 2: add French Elementary etc.)			
Peer champions: OTs and School Board staff			
Education sessions: focusing on the why, how and roles/responsibilities			
Renumeration structure changes with service target expectations			
Creation of 'cycles' to allow equitable school access and work division within available funding			
Additional use of therapy assistants			
Leverage and design updates to the Client Information System			

### Evaluate Outcomes:

Waitlist and Students Served Before and After Implementation



"I just uploaded all the stuff you sent to our shared Google Drive for teachers. They are SO appreciative. You are rocking this new model. I know it's exhausting but you are really doing the last 3 years of back log in 2 months! Amazing."

--Special Education Teacher

"I have been a SERT for 11 years, and this is the most efficient use of OT service I have seen to date."

--Special Education Teacher

### Sustain Knowledge Use:

- Training of school staff available in the fall and throughout the year.
- Adapt and adjust processes for the next school year based on feedback and data.

### Year Two Plan (Based on Outcomes):

- Increase frequency of cycles
- Include French boards
- Expand role of therapy assistants
- Stagger referrals
- Involve schools in care prioritization
- Add high schools into cycle schedule