



Contents lists available at ScienceDirect

Research in Social and Administrative Pharmacy

journal homepage: www.rsap.org

The next phase in professional services research: From implementation to sustainability



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ARTICLE INFO

Article history:

Received 29 April 2017
 Received in revised form
 30 May 2017
 Accepted 30 May 2017

Keywords:

Sustainability
 Implementation
 Professional pharmacy service
 Professional services research
 Community pharmacy
 Pharmacist

ABSTRACT

The provision of professional pharmacy services has been heralded as the professional and the economic future of pharmacy. There are different phases involved in a service creation including service design, impact evaluation, implementation and sustainability. The two first phases have been subject to extensive research. In the last years the principles of Implementation science have been applied in pharmacy to study the initial uptake and integration of evidence-based services into routine practice. However, little attention has been paid to the sustainability of those services, during which there is a continued use of the service previously implemented to achieve and sustain long-term outcomes. The objective of this commentary is to describe the differences and common characteristics between the implementation and the sustainability phase and to propose a definition for pharmacy. A literature search was performed. Four critical elements were identified: 1. The aim of the implementation phase is to incorporate new services into practice, the sustainability phase's aim is to make the services routine to achieve and sustain long-term benefits 2. At the implementation phase planned activities are used as a process to integrate the new service, at the sustainability phase there is a continuous improvement of the service 3. The implementation phase occurs during the period of time between the adoption of a service and its integration. Some authors suggest the sustainability phase is a concomitant phase with the implementation phase and others suggest it is independent 4. There is a lack of consensus regarding the duration of each phase. The following definition of sustainability for pharmacy services is proposed: "Sustainability is a phase in the process of a professional pharmacy service, in which the service previously integrated into practice during the implementation phase is routinized and institutionalized over time to achieve and sustain the expected service outcomes". An agreement on a definition will facilitate an understanding of when the profession has reached this ultimate goal.

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1. Phases in the creation of professional services: from the service design until its final sustainability

Over the last decade community pharmacy has experienced major changes as the role of community pharmacists is evolving from a product to a service or patient orientation. As part of this change, new and innovative professional services aimed at improving medicines use and patient outcomes have been designed and implemented across many countries.¹

As with other health care related disciplines, the process involved in the creation of innovative services encompasses

different phases - service design, evaluation of its impact, implementation into routine practice and finally sustainability.² At the design phase is important to define the target population, the context in which the new service is going to be implemented, the objectives of the new service, its methodology and the outcomes and expected benefits. In the design phase a review of previous literature should be conducted to retrieve all the theories previously studied to create a theoretical model of the service process. In addition identifying information about similar services already implemented is crucial to retrieve the characteristics and methodologies previously used and build up the new service based on evidence. Co-design with stakeholders becomes a critical step. Once the service is designed a pilot study is conducted to assess its feasibility. Through this pilot study the new service is evaluated and the key outcomes of the services tested and estimated. Furthermore a process evaluation is carried out to determine the

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components of the service which produce positive outcomes or the components which prevent the service success. At the impact phase there is an assessment of the service's effectiveness in terms of patient and economic outcomes.^{3,4} These two phases have been subject to extensive research, resulting in an increasing body of evidence supporting the impact of professional pharmacy services.⁵ At the implementation phase, many of these innovations have either failed or taken an inordinate time to be implemented into practice. This phenomenon, common across disciplines, has led to the development and use of new theories and methods aimed at incorporating research findings into practice, the primary focus of implementation science.⁶ Implementation science has been defined as the “scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services”.⁷ Implementation science is a core discipline in health services research due to its key role in the use of theories, models and frameworks to implement effective and sustainable services on a large scale. Until recently implementation research has not been a research area of common interest in pharmacy. Following the implementation stage is the sustainability phase, which is becoming increasingly important for funders and implementers of the service. At this phase there is a continuous use and sustainment of the services previously implemented at the implementation phase. The sustainability phase consolidates the new service and as a consequence produces long-term outcomes. Interestingly sustainability research does not yet appear to be on pharmacy researchers' agenda.

2. Common terms used in the literature

Different terms have been used to refer to sustainability, an important and usually missing phase in health services research. Terms such as “routinization”, “institutionalization”, “continuance”, “durability”, “discontinuation” and “maintenance” are commonly used in the literature.⁸ In addition several authors have used the term maintenance to refer to the stage at which sustainability is achieved.^{9,10} It seems that researchers are using diverse terminology to refer to similar concepts, which can often lead to confusion and misinterpretation. This situation may be explained by a lack of consensus and heterogeneous data. To our knowledge, there is not an agreed definition for sustainability in health services research.

3. Objective

The objective of this paper is therefore to describe the main differences and common characteristics between the implementation and the sustainability phase in order to gain a better understanding of this phase of health services research. Furthermore, we propose a definition for pharmacy, to assist researchers and practitioners to identify and research the key elements.

4. Method

To initiate the debate a literature search of papers in the journal implementation science was screened with no time restrictions to retrieve terms and definitions used to describe the sustainability and implementation in health services research. This journal was selected due to its exclusive focus in this area. The key terms used in the search were: “Implementation phase of health care services” OR “Sustainability phase of health care services”. If a paper used a definition from a second paper, the latest was cited. All duplicated definitions were removed.

5. Definitions: implementation and sustainability

Twenty-nine sustainability and twenty-three implementations definitions were included. The key concepts were literally extracted from each definition allowing the identification of the main differences and common characteristics between the implementation and sustainability phase. In order to organise the concepts retrieved they were thematically assigned to four categories (Table 1), which are described below:

5.1. Aim: objectives of the phases

The aim of the implementation phase is to incorporate new or evidence based-services into practice, achieving at the same time their expected benefits, proven during the evaluation phase in the target population. A key concept during the implementation phase is the “fidelity”, understood as the extent to which the service is delivered as intended. The aim of the sustainability phase is to make the services previously implemented routine to achieve and maintain long-term benefits.

5.2. Process: performance of each phase

At the implementation phase planned strategies and activities are used as a process to integrate the new service. These interventions are targeted at promoting the development of the knowledge and skills needed by all the stakeholders for the integration and appropriate delivery and use of the new service. In the sustainability phase there is a maintenance, institutionalization and continuous improvement of the methods, strategies and core components of the service implemented during the implementation phase.

5.3. Point in time: start of each phase

The implementation phase occurs during the period of time between the adoption of a service and its integration into practice. There are several ideas about the point in time in which the sustainability phase begins. Some authors have suggested that the implementation and the sustainability phase could be seen as concomitant phases.¹¹ However, other authors consider the sustainability phase as an independent phase, starting at the point in time at which the implementation phase is over, being the last phase in the process of health services research.¹² Furthermore other believes that the beginning of the sustainability phased is related with the end of the initial external funding.¹³

5.4. Duration: length of each phase

There is a lack of consensus regarding the duration of each phase. While some authors have suggested the implementation phase should last around one year, others do not provide a specific length. A similar lack of consensus applies to the sustainability phase. Although most authors suggest there is not a defined duration for this phase, some suggest it should last more than a year.

Additionally when new practices or services are being introduced, there will be instances in which old methods of working would be eliminated. This phenomenon is referred to as de-implementation. Essentially what is occurring is that elements of old practices, particularly those not providing any benefits, are eliminated, or are replaced with alternatives which best fits patient needs.¹⁴

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