**Draft – March 2014**

***Change AGEnts Initiative***

**What Is Practice Change?**

**[Working Document]**

Currently, there is no broadly accepted definition of “practice change” in the health services or related literatures. We have developed the following working definition to help guide project activities, training and messaging, and help others understand the work of the Hartford Change AGEnts Initiative. Our thinking is influenced both by descriptions of related work we have found in the literature[[1]](#footnote-1) and by input from the Change AGEnts themselves through an online survey and at the Initiative’s launch in November 2013.

**What is practice change?**

Practice change is a complex, collaborative and generally trans-disciplinary process that uses the best available evidence to improve health care and health—in the case of the Hartford Change AGEnts Initiative, the health care and health of older adults and their families. At its best, practice change engages older adults and families themselves and/or other stakeholders in the design and implementation of these interventions, programs, services, practices and innovations.

**What kind of work does practice change entail?**

Practice change may include a wide variety of efforts. This may range from connecting education to practice and evidence, developing tools and measures to enhance care of older adults and their families, developing and testing new care models, interventions or strategies to improve care of older adults and their families, highly targeted improvements in services or care that directly affect the well-being of older adults or their families on a particular clinical unit, or in a single clinic, care setting, social agency, or community to larger scale changes such as the redesign of organizations or health or human service delivery systems, the diffusion of new interventions, or policy advocacy that informs or shapes how older adults’ health care is paid for or delivered and their families supported.

**Where are changes in practice needed?**

Changes in practice are needed in every setting across the continuum of care (from clinic to hospital to skilled nursing and other long term care environments), as well as in the community and home.

**What are the core attributes or principles that underlie the practice change we emphasize?**As noted above, practice change can include a broad range of work. For the purposes of the Hartford Change AGEnts initiative, we are promoting practice change efforts that:

* **Involve interprofessional collaboration** and utilize proven approaches to team care;
* **Are informed or driven by evidence** that may be developed with a variety of rigorous research methodologies;
* **Demonstrate geriatric and gerontological excellence**, that is, best practices and approaches that are informed by our field’s unique understanding of the health and well-being of older adults and their families;
* **Involve partnerships across settings and with the community** and that lead to more integrated, coordinated care and services;
* **Advance person- and family-centered care** that honors and responds to what older adults and their families say they need and want from their health care; and
* **Promote equity and access** so that more, ultimately all, older adults and their families can obtain the high quality care they need.

**What kinds of skills are required to change practice or to be a Hartford Change AGEnt?**

Practice change requires a diverse set of skills and abilities, many of which are not taught formally in the preparation of health and human service professionals, administrators, and academic faculty. These fall into three broad areas:

***Individual Communications***

* Messaging/framing/persuasion
* Presentations (slides and performance)
* Storytelling and visual communication (ability to use images and video)
* Facilitation

 ***Influencing Organizations and Care Systems***

* Evaluating current practice
* Environment and organizational assessment (including identifying and then addressing barriers to change)
* Developing a value proposition
* Stakeholder engagement and motivation
* Creating a business plan
* Team building and management (including interprofessional collaboration and leading and being a productive member of a team)
* Conflict management
* Process evaluation and quality improvement
* Resource/partnership development

***Engaging Stakeholders and Shaping Policy***

* Traditional and social media engagement
* Professional thought leadership
* Policy advocacy
* Consumer advocacy/grassroots organizing
1. See: Cohen, D., McDaniel Jr, R. R., Crabtree, B. F., Ruhe, M. C., Weyer, S. M., Tallia, A., ... & Stange, K. C. (2003). A practice change model for quality improvement in primary care practice. Journal of healthcare management/American College of Healthcare Executives, 49(3), 155-68.

Reinhardt, A., & Keller, T. (2009). Implementing interdisciplinary practice change in an international health-care organization. International Journal Of Nursing Practice, 15(4), 318-325. doi:10.1111/j.1440-172X.2009.01761.x [↑](#footnote-ref-1)