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Ride the Knowledge Wave 3 – #EIE2021

Shifting sands? Tackling the organisational setting of implementation

Presenters:

Presentation 1**: Eva Angelini, Adad Baranto, Helena Brisby & Helle Wijk (Department of Orthopaedics, Sahlgrenska University Hospital) – **Sweden

Presentation 2**: Alvaro Sánchez Pérez, Susana Pablo, Arturo García-Álvarez & Gonzalo Grandes (Primary Care Research Unit, BioCruces Bizkaia Research Institute, Osakidetza-Basque Health Service) – **Spain

Presentation 3:** Jo Day, Charlotte Hewlett & Iain Lang (PenARC, University of Exeter); Krystal Warmoth & Naomi Shaw (University of Exeter) – **U.K.

Presentation 4**: Dr Tom Jefford (Family Psychology Mutual) – **U.K.

Presentation 5**: Thekla Brunkert (Institute of Nursing Science, Department of Public Health, University of Basel & University Department of Geriatric Medicine FELIX PLATTER, Basel); Franziska Zúñiga (Institute of Nursing Science, Department of Public Health, University of Basel); Michael Simon (Institute of Nursing Science, Department of Public Health, University of Basel & Nursing Research Unit, Inselspital Bern University Hospital) – **Switzerland

Presentation 1:

Presenters: Eva Angelini, Adad Baranto, Helena Brisby & Helle Wijk (Department of Orthopaedics, Sahlgrenska University Hospital) – ***Sweden***

The authors requested to not make their abstract information publicly available prior to the event – details will be shared during the event.

Presentation 2: Evaluating different procedures to perform facilitated interprofessional collaborative processes seeking to optimize type-2 diabetes prevention in routine Primary Care

Alvaro Sánchez Pérez, Susana Pablo, Arturo García-Álvarez & Gonzalo Grandes (Primary Care Research Unit, BioCruces Bizkaia Research Institute, Osakidetza-Basque Health Service) – ***Spain***

Research Aim

The PREDIAPS project aims to assess the effectiveness and feasibility of different engagement procedures to perform a facilitated interprofessional collaborative process to optimize type-2 diabetes prevention in routine Primary Care.

Methods

A randomised cluster implementation trial was conducted in nine PHC centres from the Basque Health Service. All centres received training on effective healthy lifestyles promotion. Headed by a local leader and an external facilitator, centres conducted a collaborative structured process to adapt the intervention and its implementation to their specific context [3]. One of the groups was allocated to apply this strategy globally, promoting the cooperation of all health professionals from the beginning. The other performed it sequentially, centred first on nurses, who lately seek the pragmatic cooperation of physicians. All patients without diabetes aged ≥30 years old with a known CVD risk factor and an abnormal glucose level (≥110-125 mg/dl) who attended centres during the study period were eligible for program inclusion. Main outcome measures focused on changes in T2D prevention practice indicators after 12 months.

Key Findings

After 12 months, 3,273 eligible patients at risk of type 2 diabetes had attended their family physician at least once, and of these, 490 (15%) have been addressed by assessing their healthy lifestyles in both comparison groups. The proportion of at-risk patients receiving a personalized prescription of lifestyle change was slightly higher (8.6%; range 13.5%-5.9% vs 6.8%; range 7.2%-5.8%) and 2.3 times more likely (95% CI for adjusted hazard ratio: 1.38-3.94) in the sequential than in the global centres, after 8 months of the intervention program implementation period. The probability of meeting the recommended levels of physical activity and fruit and vegetable intake were 4- and 3-fold higher after the prescription of lifestyle change than only assessment of healthy lifestyles and provision of advice. The procedure of engagement in and execution of the implementation strategy does not modify the effect of prescribing healthy habits (p interaction component of intervention by group, p>0.05).

Discussion

How to maintain the commitment of professionals? How to generate an adequate fit between "fidelity" of the strategy and its necessary "adaptability" within the local centre context?

Presentation 3: Management and leadership styles and the impact on implementing changes in long-term care: a systematic scoping review

Jo Day, Charlotte Hewlett & Iain Lang (PenARC, University of Exeter); Krystal Warmoth & Naomi Shaw (University of Exeter) – ***U.K.***

Research Aim

To understand the existing research undertaken on the impact of management and leadership styles on implementing evidence-informed changes to improve practice and the quality of life for older people living in residential and nursing long-term care homes.

Methods

A systematic scoping review was conducted using a structured search of databases. All identified titles, abstracts and full texts were double-blind screened by two researchers. Disagreements were resolved by discussion. Two researchers extracted relevant information from each study capturing the studies' aim, methods, settings and contexts, participants, data collected, key findings and implications for implementing changes in long-term care practice. All researchers discussed findings and developed interpretations.

Key Findings

Eighty-one (N=81) articles were included. Of these, 55 refered to 48 research studies, 18 were opinion pieces, 4 described an improvement effort and 4 described a programme, process or model. The research studies' methods ranged from qualitative approaches (case study, focus groups, observations, ethnography, interviews), quantitative research (survey, questionnaires), evaluations of a programme or improvement effort and literature reviews (systematic, scoping, narrative and rapid). A focus on transformational, distributed and relationship-oriented leadership and management practices was emphasised. At the micro-level, both personal qualities and technical skills are required to enable leaders and managers to implement improvements. Difficulties in rigorously researching leadership and management within long-term residential care for older people are highlighted. Further work is needed to attend to (1) the constantly shifting wider context and organisational culture in which leaders need to make changes and (2) supporting leadership and management development at all levels within organisations to implement changes to long-term care for older people.

Discussion

How do these findings from the long-term care setting resonate with what we already know about the impact of leadership and management for implementing evidence-informed changes across different sectors? How can support for managers and leaders to implement evidence-informed changes be further researched and enhanced to improve practice and people's quality of life?

Presentation 4: The role of leadership and environmental context in the implementation of an evidence based intervention. A qualitative analysis of three UK local authorities which implemented MST in 2008

Dr Tom Jefford (Family Psychology Mutual) – ***U.K.***

Research Aim

The aim of this research was to understand how and why interventions are sustained in one setting and withdrawn or abandoned in another and what factors contribute to this.

Methods

This is a qualitative study which is drawn from doctoral research completed in 2019 examining three of the ten English Local Authorities who implemented the intervention Multi Systemic Therapy (MST) in their Children's Services Department in 2008. The research considers the implementation of MST and the consequent organisational impact as the services mobilised and then matured. A grounded theory methodological approach (Charmaz, 2006, 2014) was taken to analyse twelve participant interviews across three Local Authorities, including one with the national programme lead for MST.

Key Findings

The findings propose new theoretical categories which extend understanding of implementation: The high collaborative environment and the hostile environment.
If you give similar settings (Local authorities) the same funding, the same support and the same intervention then one might expect that the outcomes will be the same as they progress through implementation to full mobilisation. However, not only did the settings each have very different social capital and skills at the starting line, but they also adopted very different approaches in the short, medium and long term.
The two environmental categories are especially relevant when linked to leadership. Leadership for implementation attends to the particular attributes of working to promote evidence-based interventions and to build collaboration which will support long term adoption.

Discussion

How do systems lead, manage and facilitate the long-term sustainability of an evidence-based intervention? What factors are in play to frustrate and then close an evidence-based intervention?

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Presentation 5: Understanding the implementation of a pain management guideline in Swiss nursing homes: a mixed- methods process evaluation

Thekla Brunkert (Institute of Nursing Science, Department of Public Health, University of Basel & University Department of Geriatric Medicine FELIX PLATTER, Basel); Franziska Zúñiga (Institute of Nursing Science, Department of Public Health, University of Basel); Michael Simon (Institute of Nursing Science, Department of Public Health, University of Basel & Nursing Research Unit, Inselspital Bern University Hospital) – ***Switzerland***

Research Aim

The aim of this study was to evaluate the implementation of a pain management guideline in Swiss nursing homes by exploring (A) the utility of implementation strategies with regard to guideline adoption and (B) barriers and facilitators of the implementation process.

Methods

We conducted a mixed- methods process evaluation alongside an effectiveness-implementation study in four Swiss nursing homes. The introduction of a pain management guideline was supported by a multifaceted implementation strategy (i.e., amongst others, training of pain champions and training workshops for all care workers) which was developed based on a theory-informed analysis of contextual needs. Six months after implementation, we assessed self-reported guideline adoption via a care worker questionnaire survey. Quantitative data were analysed descriptively. To gain a deeper understanding of the implementation processes and its barriers and facilitators, we conducted focus groups with care workers (n=16) and interviews with pain champions (n=7). Qualitative data were analysed using a thematic analysis approach.

Key Findings

Overall, 59% of the care workers (n=80), i.e., registered nurses (RN)/ licensed practical nurses (LPN) (n=48) and health care aides (HCA) (n=32) participated in the questionnaire survey. Self-reported adoption of guideline components ranged between 44% (e.g., conducting a comprehensive assessment at admission) and 73% (e.g., evaluating effectiveness of pharmacological treatment). Findings of the qualitative analysis indicate that implementation strategies showed effectiveness in sensitizing care workers for residents' pain and stimulating care workers to question their own pain management behaviour. However, findings also highlight differences regarding the perceived utility of implementation strategies between registered nurses and HCAs. While HCAs felt empowered to take a more active role in residents' pain management, RNs' acceptance and utilization of pain champions was variable. Interviews with pain champions emphasized that organizational factors, such as leadership support and their formal roles within the nursing home (e.g., ward manager vs. regular RN) influenced their ability to fulfil their role as champions, e.g., audit and feedback of resident documentation and provision of educational booster sessions.

Discussion

How to build implementation capacity in environments with low proportions of skilled workers? How to deal with organizations that are incapable to increase implementation capacity (e.g., due to lack of financial and staffing resources)?