

Ride the Knowledge Wave 5 – #EIE2021

Providers & end users – Key stakeholders in implementation

Presenters:

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Presentation 2: Sabine Valenta, RN PhD, Janette Ribaut, RN, MScN, Lynn Leppla, RN, MScN & Juliane Mielke, RN, MScN (Institute of Nursing Science, University of Basel); Katharina Koehly, RN, MScN (Department of Hematology, University Hospital Basel); Alexandra Teynor, Dr.-Ing. (Faculty of Computer Science, University of Applied Sciences, Augsburg); Sabina De Geest, RN, PhD for the SMILe consortium (Institute of Nursing Science, University of Basel & Academic Centre for Nursing and Midwifery, University of Leuven) – **Switzerland / Germany / Belgium**

Presentation 3: Eva Van Assche, Bert Bonroy, Marc Mertens & Tom Van Daele (Thomas More University of Applied Sciences); Lore Van den Broeck & Kimberly Desie (Pulso Europe); Heleen Riper (Vrije Universiteit Amsterdam) – **Belgium / Netherlands**

Presentation 4: Dr Jessie Janssen (Department of Health Sciences, IMC University of Applied Sciences Krems); Dr Tara Klassen & Dr Janice Eng (Department of Physical Therapy, University of British Columbia, Vancouver); Louise Connell (Allied Health Research unit, Faculty of Health and Wellbeing, University of Central Lancashire) – **Austria / Canada / U.K.**

Presentation 5: Heike H. Garritsen & Anton E. Kunst (Department of Public and Occupational Health, Amsterdam Public Health Research Institute, Amsterdam UMC, University of Amsterdam); Andrea D. Rozema & Ien AM. van de Goor (Tranzo Scientific Center for Care and Welfare, Tilburg School of Social and Behavioural Sciences, Tilburg University) – **Netherlands**



Presentation 1: Implementation of innovations in transitional care: exploring and consolidating the influencing factors

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Research Aim

This study aims to identify which factors influence the implementation of transitional care innovations in long-term healthcare services for seniors aged 65 and older. It addresses the continuity of care during the physical movement of seniors between multiple care settings such as home care, assisted living/residential care facilities, hospitals, or nursing homes.

Methods

As part of the TRANS-SENIOR European research consortium, a scoping review was conducted according to the five stages of the Arksey and O'Malley framework and following the PRISMA-ScR checklist. PubMed/MEDLINE, EMBASE, and CINAHL were searched, and eligible studies published between years 2000-2020 were retrieved. Extracted data from the included studies were mapped to the domains and constructs of the Consolidated Framework for Implementation Research (CFIR) and the Care Transitions Framework (CTF).

Key Findings

Out of 1,537 studies identified, 21 were included, covering a range of 20 different transitional care innovations. A total of 16 innovations focused on improving care transitions, between multiple care settings, and another four innovations aimed to prevent care transitions. Key components of the innovations comprised transition nurses or coaches, self-management for patients, follow-up home visits, advanced care planning, and transfer units.

Factors were reported solely from the perspectives of healthcare providers in all studies; six studies reported the patient's or family's experiences with the care transition innovation. Based on the CFIR domains, 25 diverse factors showed to influence the implementation of transitional care innovations. The topmost hindering factors were low organizational readiness for implementation, and an overall impeding implementation climate. Likewise, failing to target the right older population was frequently reported as a major barrier. Moreover, the presence of skilled users but with restricted knowledge about the innovation hampered its implementation. Whilst, among the prominent enabling factors, a strong evidence on the benefits of an innovation, the presence of frontline staff with transition roles, and a continuous evaluation process facilitated the implementation of several innovations.

Discussion

Does the patient perspective matter in studying implementation factors? And why? How can the findings be used in practice to improve the uptake of transitional care innovations?

Presentation 2: Re-engineering Follow-up Care after Allogeneic Stem Cell Transplantation: Patients' and Clinicians' Perspectives of eHealth enhanced support care - the SMILe study

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Background

The *Development, implementation and evaluation of an Integrated model of care in hematopoietic SteM cell transplantation facilitated by eHealth (SMILe)* project, is a multiphase implementation science project consisting of two parts: Phase A is the development/adaption phase including a contextual analysis (CA) of technology acceptance, practice patterns and implementation strategies; Phase B is the implementation and evaluation phase.

Research Aim

To conduct a contextual analysis of (1) patients' and clinicians' experiences of current follow-up care, (2) their openness to eHealth-enhanced follow-up care, (3) clinicians' view of context-specific implementation strategies and (4) patients' preferences to integrate devices for electronic monitoring of immunosuppressives into their daily lives.

Methods

A multi-centre, multi-methods design was applied. Patients, who were allogeneic stem cell transplanted (alloSCT) six weeks to three years ago, were recruited from two university hospitals. Data were collected from 04/2019 – 09/2020. QUAN: Patients (n = 109), clinicians (n = 9), and transplant director (n = 1) filled in a questionnaire based on previous research (BRIGHT & PICASSO-TX -study). Descriptive statistics were applied as appropriate. QUAL: Semi-structured interviews with patients (n = 10), four focus groups with clinicians (n = 15) and three focus groups with patients (n = 6) were conducted and analysed via thematic analysis.

Key Findings

(1) Current clinical practice is mostly acute care driven and hospital-home transition was characterized by patient's insecurity. (2) Patients perceive the importance to develop new technologies that allow clinicians monitoring their health behaviours, symptoms and other medical parameter as very high (median = 8 on scale 0-10, IQR = 3). All interviewed clinicians (100%) perceived an eHealth enhanced model of care as valuable for their clinical setting. (3) However, it must be implemented based on context-specific requirements (e.g., staff resources, compatible with existing IT-programs) and strategies (e.g., educate and inform clinicians continuously from in- and outpatient settings, creating new clinical teams with Advanced Practice Nurses). (4) Interviewed patients could imagine using an electronic tool to monitor their immunosuppressives' intake (i.e., the MEMS® Button), due to its compact and manageable size..

Discussion

How to re-engineer alloSCT follow-up care? How to adapt and implement of the SMILe care model in other SCT centres?

Presentation 3: The potential of e-mental health treatment for depression in addition to treatment as usual: An implementation study in inpatient mental health settings in Belgium

Eva Van Assche, Bert Bonroy, Marc Mertens & Tom Van Daele (Thomas More University of Applied Sciences); Lore Van den Broeck & Kimberly Desie (Pulso Europe); Heleen Riper (Vrije Universiteit Amsterdam) – **Belgium / Netherlands**

Research Aim

As depression is one of the most prevalent mental disorders, limiting its ever-growing impact is considered one of the biggest societal challenges. E-mental health applications have the potential to provide a substantial contribution to the availability and effectiveness of conventional treatment. The use e-mental health in Belgium, however, remains limited. This study is therefore set out to gain insights into factors which might impede or facilitate implementation in inpatient mental health settings. It focuses on the implementation of a cross platform e-mental health application in the psychological/therapeutic domain, within the context of inpatient mental health settings in Belgium.

Methods

Mental healthcare professionals and patients in one psychiatric hospital and three psychiatric departments of general hospitals were given the opportunity to use the e-mental health application Moodbuster for treatment of depression. Moodbuster is a modular web-based platform with a connected smartphone application for mood monitoring. It was implemented in addition to patients' regular treatments for a period of three months beginning end of 2019. Ten professionals and 20 patients were given pre- and postimplementation questionnaires on themes such as perspectives towards technological applications in mental healthcare, motivation to participate, and evaluation of the Moodbuster platform. In addition, 22 professionals and 27 patients who did not wish to participate completed questionnaires on their reasons for refusal.

Key Findings

Professionals in inpatient settings expressed positive perspectives about technological applications. However, these did not always translate into actual use of Moodbuster. Factors hindering this use were related to a lack of time for professionals to learn how to work with Moodbuster, technical difficulties, the lack of laptops or computer for patients to use the Moodbuster platform, and the short stay of patients in these settings.

Discussion

How can mental healthcare organizations be motivated to develop and use implementation strategies? How can awareness be created for the importance of working with organization-wide implementation strategies?

Presentation 4: What do patients and therapists think about the implementation of intensive rehabilitation in stroke?

Dr Jessie Janssen (Department of Health Sciences, IMC University of Applied Sciences Krems); Dr Tara Klassen & Dr Janice Eng (Department of Physical Therapy, University of British Columbia, Vancouver); Louise Connell (Allied Health Research unit, Faculty of Health and Wellbeing, University of Central Lancashire) – **Austria / Canada / U.K.**

Research Aim

Currently, a border exists between the knowledge that intensive exercise in stroke rehabilitation is superior to standard rehabilitation, and its application in clinical practice. This study aims to explore stroke stakeholders' perceptions of factors influencing the implementation of a higher intensity rehabilitation in clinical practice, based on seven inpatient stroke rehabilitation settings in Canada.

Methods

A cross-sectional qualitative study was conducted in an international setting. Ten people with stroke and 15 of their therapists, who took part in the Determining Optimal post-Stroke Exercise (DOSE) randomized clinical trial, were interviewed using semi-structured interviews. Interviews were transcribed verbatim and transcripts analysed using four of the five domains of the Consolidated Framework of Implementation Research (CFIR): intervention (evidence strength and quality); outer setting (patient needs and resources); inner setting (culture, leadership engagement); individual characteristics (beliefs and self-efficacy). Factors between people with stroke and therapists were compared and contrasted.

Key Findings

People with stroke were positive about intensive exercise and were willing to work hard. Therapists on the other hand perceived difficulties reconciling the intensive exercise protocol with their beliefs about the importance on quality of movement. Both people with stroke and their therapists were positive about the graded exercise test at the start of the study. In contrast to therapists' issues around staffing and resources and methods of delivering intensive exercise, people with stroke identified the importance of personal interactions stemming from the therapeutic relationship.

Discussion

How to effectively involve people with stroke and therapists in the development, evaluation and implementation of intensive exercise interventions? How to align the different perspectives on intensive exercise?

Presentation 5: Implementation of an outdoor smoke-free policy at sports clubs: critical situations and factors influencing implementation

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Research Aim

Outdoor smoke-free policies (SFPs) at sports clubs have significant potential to reduce adolescent smoking. However, the realization of this potential may be strongly dependent on how these policies are implemented in practice. The aim of this study is to explore the perceptions of key stakeholders at different sports clubs in the Netherlands concerning how outdoor SFPs are implemented in practice and which determinants influence implementation.

Methods

Semi-structured interviews were held with 46 key stakeholders at eight Dutch sports clubs (i.e., field hockey, soccer, tennis, korfbal) with an outdoor SFP. A thematic approach was used for the analysis of transcripts.

Key Findings

Overall, respondents perceived the implementation of an outdoor SFP at sports clubs as feasible. The SFP is often enforced, people who smoke react positively when they are approached, the SFP led to less (visible) smoking at the venue, and a non-smoking norm was reinforced. However, implementation was less than optimal in three 'critical situations':

- (1) when children were not present at the sports club,
- (2) when alcohol was involved, and
- (3) when people who smoke relocated to the entrance of the sports club.

Several determinants influenced implementation in those critical situations: 1) determinants related to individual smokers and club members (i.e., support, communication towards people who smoke), 2) determinants related to the SFP itself (i.e., clarity of the policy), 3) determinants related to the sports club (i.e., communication of the policy, characteristics of the sports club), and 4) determinants related to the wider community (i.e., change of social norm with regard to smoking, support from local and national organizations).

Discussion

How to address the identified determinants through relevant implementation strategies? How to determine the chronology/order in which to address relevant determinants?