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IMPLEMENTATION EVENT

Ride the Knowledge Wave 7 – #EIE2021

Complexities in Successful Implementation

Presenters:

Presentation 1**: Dr Elena Heber, Dr David Daniel Ebert, Dr Alena Rentsch, Mathias Harrer, Anne Etzelmueller (GET.ON Institute/HelloBetter, Hamburg) – **Germany

Presentation 2**: Nina Zipfel, Sylvia van der Burg-Vermeulen, Bedra Horreh, Carel Hulshof, Angela de Boer (Amsterdam University Medical Centre, University of Amsterdam, Department of Public and Occupational Health, Coronel Institute of Occupational Health, Amsterdam Public Health Research Institute) – **Netherlands

Presentation 3:** Bernice Engeltjes (Athena Institute of Transdisciplinary Research, VU Amsterdam & School of Health Care Studies, Rotterdam University of Applied Sciences); Dr Eveline Wouters (School of Health Care Studies, Rotterdam University of Applied Sciences); Christiaan Vis, Department of Clinical, Neuro-, & Developmental Psychology, VU Amsterdam); Dr A.N. Rosman, (School of Health Care Studies, Rotterdam University of Applied Sciences); Dr Fedde Scheele (Athena Institute of Transdisciplinary Research, VU Amsterdam) – **Netherlands

Presentation 4**: Julie Cowie, Pauline Campbell & Elena Dimova (Glasgow Caledonian University); Avril Nicoll (Aberdeen University) & Edward Duncan (Stirling University) – **U.K.

Presentation 1: “Calm through the crisis” - Implementing free psychological services to strengthen mental health in the general population

Dr Elena Heber, Dr David Daniel Ebert, Dr Alena Rentsch, Mathias Harrer, Anne Etzelmueller (GET.ON Institute/HelloBetter, Hamburg) – ***Germany***

Research Aim

The COVID-19 pandemic poses a significant threat to the mental health of the general population. Contributing to the management of the anticipated population’s mental health burden, HelloBetter implemented six distinct services. Retrospectively evaluating this real-world implementation process identifies general implementation facilitating factors, gives indications on how to overcome hindering factors as well as indications for further successful eMental Health implementation strategies.

Methods

We evaluated the implementation process along the “Exploration, Preparation, Implementation, Sustainment (EPIS) framework”, exploring determinants of the program implementation, including inner and outer contextual factors, the company organisational structure, partnerships, and societal need in the light of the pandemic. Furthermore, we describe the innovation factors and the adaptation process of HelloBetter’s “Stress course” towards the specific “Corona course” along the “expanded framework for reporting adaptations and modifications to evidenced interventions” (FRAME). Semi-structured interviews were conducted with representatives of the campaign, involved in system integration, and forming partnerships, course adaptation, dissemination and marketing, and scientific evaluation.

Key Findings

The results highlight the inner-contextual decision-making processes, organisational characteristics (C-Level decisions, short communication channels, risk taking, “startup mentality”) and individual employee characteristics (urgency, cohesion, social contribution). Bridging factors, including existing and developing partnerships (within a major CSR project by one of the major insurance companies worldwide), as well as the close relationship to scientific research, are identified as implementation-facilitating factors. Dissemination and marketing efforts have been structured and evaluated around the questions of what (a clear vision and description of the product), for who (based on [customer] research data), how (video-based marketing, paid ads) and where (digital, with a focus on facebook). Innovation factors are evaluated for the six implemented HelloBetter solutions a) telephone hotline, b) a digital education campaign, c) an online community, d) live Q & A Sessions, e) the CORONA online training and f) a digital multiplier training. Scientific evaluation on the treatment effectiveness is ongoing.

Discussion

How could the field of implementation gain from more reports on implementation and how should we report on them? What appears surprising to you about our choices when implementing the campaign/our key findings?

Presentation 2: Determinants for the implementation of person-centred tools for workers with chronic health conditions: A mixed-method study using the tailored implementation for chronic conditions framework

Nina Zipfel, Sylvia van der Burg-Vermeulen, Bedra Horreh, Carel Hulshof, Angela de Boer (Amsterdam University Medical Centre, University of Amsterdam, Department of Public and Occupational Health, Coronel Institute of Occupational Health, Amsterdam Public Health Research Institute) – ***Netherlands***

Research Aim

To enhance person-centred assessment and guidance in occupational healthcare development and implementation, tools for physician-worker consultation are needed addressing key values such as strengthening of self-control of workers with chronic conditions, understanding worker's perceptions and believes regarding work ability, and involving carers and relatives in supporting work participation. The aim of this study, which is part of a larger research program run collaboratively by three Dutch research institutes, was to identify the most important determinants of practice for the implementation of person-centred tools which enhance work participation for patients with chronic health conditions.

Methods

A mixed-method study was conducted consisting of interviews, a focus group and a survey. The interviews and focus group were held with various stakeholders including (representatives of) workers with chronic health conditions, insurance physicians, occupational physicians, other healthcare professionals, researchers, employers, and policymakers. The survey was based on the domains of the Tailored Implementation of Chronic Diseases checklist (TICD) and was conducted among occupational physicians, insurance physicians and workers with chronic health condition(s). The goal of the semi-structured interviews was to identify implementation determinants. The focus group aimed at validation of identified determinants. The goal of the survey was to select the most important determinants through prioritization by ranking them in importance. For the interviews and focus group, concept-driven coding was applied according to the domains of the TICD. The survey was analysed through the frequency with which a determinant ranked first in the prioritization per and between domains of the TICD.

Key Findings

Various stakeholders participated (N=27) in the interviews and focus group. The qualitative data from the interviews and focus group yielded a list of determinants with additional in-depth themes according to the TICD. For the selection of the most important determinants, a survey with 101 respondents, including occupational physicians, insurance physicians and workers with a chronic health condition, was conducted. From the seven domains of the TICD, respondents emphasized the importance of taking into account the needs and factors associated with workers with a chronic health condition as this determinant ranked highest. Taking into account the individual needs and wishes of workers was mentioned to enable successful implementation, whereas stress of workers due having to cope with a chronic health condition was said to impede implementation

Discussion

Which implementation strategies can support successful implementation of person-centred tools to enhance the occupational health assessment and guidance for workers with a chronic condition? Which determinant is considered as most important for the implementation of new approaches for occupational health care?

Presentation 3: Evaluation of the implementation of obstetric triage in nine hospitals in the Netherlands

Bernice Engeltjes (Athena Institute of Transdisciplinary Research, VU Amsterdam & School of Health Care Studies, Rotterdam University of Applied Sciences); Dr Eveline Wouters (School of Health Care Studies, Rotterdam University of Applied Sciences); Christiaan Vis, Department of Clinical, Neuro-, & Developmental Psychology, VU Amsterdam); Dr A.N. Rosman, (School of Health Care Studies, Rotterdam University of Applied Sciences); Dr Fedde Scheele (Athena Institute of Transdisciplinary Research, VU Amsterdam) – ***Netherlands***

Research Aim

The aim of this study was to understand the normalisation (i.e., integration in usual care) of obstetric triage and to identify factors influencing successful implementation.

Methods

An evaluation was conducted between December 2019 and May 2020, guided by Normalisation Process Theory (NPT). Data collection was based on document analysis, the administration of the ***Normalisation MeAsure Development*** (NoMAD) questionnaire and the conduct of focus groups.

Key Findings

Obstetric telephone triage was developed using participatory service design with all stakeholders involved (>100 persons across 10 hospitals). Triage has been implemented in twenty hospitals in the Netherlands.

By the time of abstract submission, the research team had received 177 NoMAD surveys and conducted two focus groups. Data analysis is in progress. Key findings will be presented at the EIE2021.

Discussion

Which factors are most important in promoting normalisation? Is Normalisation Process Theory useful/suitable for evaluating the implementation of obstetric telephone triage?

Presentation 4: Findings from a systematic review of factors influencing the sustainability of interventions implemented in a hospital setting

Julie Cowie, Pauline Campbell & Elena Dimova (Glasgow Caledonian University); Avril Nicoll (Aberdeen University) & Edward Duncan (Stirling University) – ***U.K.***

Research Aim

The aim of this research was to identify, appraise and synthesise the barriers and facilitators that influenced the implementation of sustained healthcare interventions in a hospital-based setting, in order to inform best practice for achieving sustainability in future implementation projects.

Methods

A systematic review was conducted and reported in accordance with PRISMA principles. Eight electronic databases were searched in addition to a hand search of the journal *Implementation Science* and reference lists of articles selected for inclusion.

Key Findings

Our search identified 154,757 records. We screened 14,626 abstracts and retrieved 431 full text papers, of which 32 studies met the selection criteria.
Interventions were all multicomponent, with the majority aimed at improving the quality of patient care and/or safety (22/32). Sustainability was inconsistently reported across 30 studies. Barriers and facilitators were reported in all studies.
The key facilitators included a clear accountability of roles and responsibilities (23/32); ensuring the availability of strong leadership and champions advocating the use of the intervention (22/32), and provision of adequate support available at an organisational level (21/32). The most frequently reported barrier to sustainability was inadequate staff resourcing (15/32). Four novel themes also emerged from our review: influence of external organisations; the predictability of sustainability and influence of context; the dynamic nature of; and the need for a broader overview of how measures interact to impact on sustainability.
Our review findings have important implications for practice and research as they increase understanding of the factors that facilitate and hinder intervention sustainability. Our results also highlight the need for more consistent and complete reporting of sustainability to ensure that lessons learned can be of direct benefit to future implementation of interventions.

Discussion

Is it useful to view barriers and facilitators of sustained implementation as part of a compensatory model? How do we move towards a more consistent and complete approach to reporting sustainability of interventions?