RTKW 2 - #EIE2023

Ride the Knowledge Wave 2

#89- A digital intervention promoting positive mental health during pregnancy – a formative development combining perspectives from end-users and implementers

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Research aim

The project aims to develop a digital intervention to promote positive mental health during pregnancy. Results from intervention development will be presented whereby perspectives from both end-users and implementers are included. The project aims to advance our knowledge on how implementation determinants can be considered already in intervention development.

Setting

The development of the intervention will be done in close collaboration with professionals and end-users within the Womens health care structure. The evaluation of the digital intervention will be conducted within clinical routine in the Women's health care organisation.

Method(s)

Formative development process using the IDEAS framework integrating Patient and Public Involvement (PPI) through end-users as well as professional perspectives (implementers) throughout the process. Expert professionals are involved during the development process as well as the target group expectant parents. Data collection will include expert- and PPI-panels, group- and individual interviews and will be analysed inductively.

Key finding(s)

Preliminary findings regarding which features of the intervention promotes usability and implementability will be presented. Insights on key determinants for successful implementation of digital interventions (e.g., health promoting app) in routine Womens health care will be described.

Discussion

- How can implementers be involved early on in intervention development in a valuable way?
- How can implementation research inform wide-scale implementation of digital interventions within health care organisation?
- How does digital interventions differ from other interventions in terms of implementation determinants?

Challenges

Navigating among differing perspectives; academia, industry , health care organisation and professionals and end-users. Combining these perspectives from the different partners to optimize conditions for implementation. Another challenge has been to navigate the complex structure for implementing digital interventions as these guidelines differ and offer limited guidance to practitioners and managers.

Key highlights

Our work can add on to the knowledge around formative development of digital interventions. The project will put implementation science on the agenda by considering implementation aspects already in intervention development.

#210- Exchanging tacit experiential knowledge in a Community of Practice in preparation for implementation of methods to reduce involuntary care in intellectual disability care

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Research aim

Intellectual disability care organisations seek to improve clients' quality of care through implementation of methods aiming to reduce involuntary care. We set up Communities-of-Practice with stakeholders to support organisations in understanding and improving implementation. This study explored insights that arise from bringing together tacit, experiential knowledge from previous implementation experiences.

Setting

Dutch long term intellectual disability care organisations

Method(s)

As part of a participatory action research (PAR) project two Communities-of-Practice (CoPs, 2019 and 2021) were set up with the aim of exchanging tacit, experiential knowledge and explicit scientifical knowledge related to implementation. Care professionals (n=7), experts-by-experience (n=3) and researchers (n=3) participated in these CoPs. In this study, transcripts of the first meetings of the CoPs were analysed using qualitative thematic analysis.

Key finding(s)

In the CoPs' discussions, dilemmas, theses, antitheses, and thought experiments about implementation were exchanged. Themes explored were top down and bottom up implementation, involvement of stakeholders and use of champions. A key theme was the quality of care dilemma of care professionals, which created resistance to improving care. Top down facilitation, matching the pace of support staff, explaining implementation aims, involving clients, discussing resistance, and coaching teams emerged as advices concerning future implementation.

Discussion

Exchanging tacit, experiential knowledge in a CoP created the opportunity for in-depth understanding of implementation factors that are specific to the context of intellectual disability care. By linking tacit experiential knowledge to scientific insights on implementation, Communities of Practice may help with quality improvement in long-term care.

Challenges

Keeping stakeholders motivated was a major challenge during the Covid-lockdown period. Tacit experiential knowledge such as dilemmas and hindering factors in implementation, which were recently exchanged in the CoP, were now real time present. Patience, sympathy, adapting methods and jointly maintaining focus, resulted in progress in implementation processes.

Key highlights

Exchanging tacit experiential knowledge about implementation helped stakeholders, care professionals and researchers to realize the relevance of sound implementation planning specified to their unique contexts.

Extensively explore tacit experiential knowledge in CoPs to learn about the context in which implementation takes place may improve implementation processes in any social context.

#81- Anaemia in pregnancy: Co-designing care pathways and strategies for the implementation of intravenous iron in the primary healthcare system of Bangladesh

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Research aim

We aim to:

- identify barriers and enablers to antenatal anaemia screening and oral iron treatment
- co-design antenatal anaemia screening and referral pathways, and strategies with community members and healthcare providers to inform the implementation of an intravenous (IV) iron intervention in primary care for a demonstration project

Setting

The study was conducted in Narayanganj, Bangladesh in 2022. Interviews involved policymakers/civil servants from the Ministry of Health, healthcare providers and pregnant women from Bandar, Sonargaon and Rupganj Upazilas (sub-districts of Narayanganj district). Co-design workshops were held with community members and healthcare providers in Bandar Upazila (demonstration project location).

Method(s)

We conducted 52 interviews with pregnant women (n=38), healthcare providers (n=8) and policymakers/civil servants (n=6). Interviews were audio-recorded and transcribed. We mapped the barriers and enablers for anaemia screening and treatment for pregnant women to the Consolidated Framework for Implementation Research and the Conceptual Framework of Access to Healthcare. The data was used to guide discussion in four co-design workshops with community members (pregnant women, women of reproductive age, parents/in-laws of pregnant women, married men, and local leaders) and healthcare providers. We developed several screening and referral pathways and strategies for implementing IV iron in routine antenatal care.

Key finding(s)

Perceived barriers to anaemia screening and treatment included: a lack of physical and human resources to deliver antenatal care services, low awareness about the benefits of iron, and low adherence to oral iron due to side effects. Participants proposed anaemia screening to be conducted in community clinics, union health & family welfare centres (union level), with IV iron preferably to be delivered in a upazila health complex (upazila level), private clinics and NGOs. Proposed implementation strategies to support access and delivery of IV iron included: anaemia awareness campaign involving the community, religious leaders, healthcare workers and bi-monthly anaemia outreach clinics.

Discussion

- Several anaemia screening and referral pathways, and implementation strategies were proposed by participants. How do we then choose the most appropriate care pathways and strategies to address the barriers to implementing an IV iron intervention in primary care by government healthcare workers?

- Modern IV iron formulations have been successfully used to treat antenatal anaemia in high income countries. Policymakers raised concerns about the safety profiles of modern IV iron formulations given the toxic reactions associated with early parenteral iron formulations. How can we address policymakers' safety concerns when we are introducing a newer form of IV iron?

Challenges

- We had difficulties recruiting policymakers for interviews given their busy schedule. We identified subordinates of line directors from the Ministry of Health to be interviewed.
- We had difficulties recruiting healthcare providers, local leaders and men to participate in a one-day co-design workshop. Half a day workshop was held instead.

Key highlights

- Involving community members and healthcare providers in co-designing care pathways and implementation strategies will ensure that the intervention is culturally appropriate and tailored to meet the end-users needs.
- Embedding the intervention within the healthcare system and leveraging existing infrastructure will ensure that the intervention is sustainable.

#48- Exploring how to improve the implementation of international guidelines. Adaptability and Implementability Deliberations within an Enhanced Evidence Ecosystem(AID-E3).

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Research aim

The aim of the AID-E3 study is to improve the implementability and adaptability of international guidelines. The study is part of a larger project, Enhancing the Evidence Ecosystem (E-3), exploring how to improve implementation of guidelines, and how to better connect development of guidelines, implementation and evaluation of impact.

Setting

Set in the health-care sector, the AID-E3 study will concentrate on possible ways to improve the implementability and adaptability of the BMJ RapidRecs, global clinical guidelines, developed in partnership with patients. By adaptability/implementability we mean attributes of a guideline that makes it easier to adapt/implement.

Method(s)

Using five BMJ RapidRecs as our substrate we will first conduct an implementability appraisal, using the appraisal tools: GLIA, GLAFI and AGREE-REX. To our knowledge appraisal tools for adaptability are

lacking. We will therefore conduct a survey and in-depth interviews with selected informants, mapping out adaptability considerations. Secondly, we will conduct workshops targeted at guideline developers and experts in guideline adaptation and implementation. The experts will be asked to prioritize the identified shortcomings from the appraisals and to discuss possible improvements. Thirdly; an enhanced guideline process will be piloted based on the results from the appraisals and workshops.

Key finding(s)

The implementability appraisal has been completed and the adaptability survey is ongoing, to be completed by spring 2023. The enhanced guideline-process is currently being piloted with two guideline panels. An implementation expert has been added to the panel, tasked with helping the guideline panels discuss and consider implementability issues, while formulating their recommendations. In particular the perspectives; feasibility, acceptability, resources needed and clarity, will be addressed. Implementation and adaptation considerations will be added to the recommendations. The enhanced guideline-process will be mapped, and the amount of facilitation, resources and support required will be recorded. Findings to be shared in presentation.

Discussion

Trustworthy and sustainable guidelines based on updated systematic reviews and meta-analysis are resource intensive projects and increasingly involve global collaboration. However, for global guidelines to be implemented locally, they must be tailored to the local context, while considering the underlying evidence. Adding implementation and adaptation considerations to guidelines might be useful for implementers.

- How could we improve the collaboration between guideline developers and the local implementers even further?
- How should potential feasibility and acceptability issues be presented in the recommendations in order to be of most use to local implementation teams?

Challenges

There is no existing tool to appraise adaptability, and it is not clear what the overlap is between adaptation and implementation processes. Comparing the results from the different appraisals will help us better understand the differences and overlap between these two concepts.

Key highlights

- Developing guidelines globally is more resource-efficient, but guideline developers need to consider adaptability and implementability as well, to help improve implementation in practice.
- Feasibility and acceptability where two major shortcomings identified in our implementability appraisal. We are piloting an enhanced process to better include these considerations while developing guidelines.