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## Ride the Knowledge Wave 4

### #22- Tailored Implementation of a nurse-led multicomponent family support intervention in adult intensive care units (FICUS Trial)

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#### Research aim

The FICUS trial investigates the clinical effectiveness of a nurse-led interprofessional family support intervention (FSI) while also exploring its implementation in intensive care units (ICUs). To optimize implementation and to reduce variation in intervention delivery, we assessed the local context to ensure tailored implementation strategies that support the FSI implementation.

#### Setting

This study was performed on 8 ICUs allocated to the intervention group within the German speaking part of Switzerland, with key local partners of the FICUS study i.e., family nurses, implementation practitioners, nursing team leaders and involved physicians.

#### Method(s)

We performed a mixed-methods context assessment guided by the Consolidated Framework for Implementation Research (CFIR). Key local partners first filled out a questionnaire consisting of the CFIR Inner Setting domain measures (i.e., organizational culture, resources, learning climate and leadership engagement) and the Organizational Readiness for Implementing Change (ORIC) prior to small group interviews (n=8). During the interviews, the results of the questionnaires as well as potential barriers and enablers to the FSI, were discussed. Descriptive analysis for quantitative data and a pragmatic rapid analysis approach for qualitative data were used and followed by the development of a tailored implementation strategy.

#### Key finding(s)

33 partners returned the questionnaire and 40 attended the small-group interviews (median 5, min. 2 – max. 8). Questionnaires showed CFIR determinants and ORIC were rated >3 (1 low - 5 high), with leadership engagement scoring highest (mean 3.97, standard deviation 0.50). Interviews showed that ICU teams are motivated and committed to the FSI. They face challenges that concern limited resources, new interprofessional information exchange, and role adaptation of nurses. A set of planned implementation strategies for the FSI, such as leadership support, implementation support practitioners and intervention training, were complemented and tailored to each ICU, based on identified contextual determinants.

#### Discussion

In all eight ICUs, we found that fundamental pre-conditions for successful implementation such as the team culture, leadership engagement and a good learning climate were present. Common challenges were mainly resource-related or related to role adaptation and interprofessional collaboration. The suggested FSI implementation strategies were relevant to all ICUs and involved partners, and were tailored to meet local needs such as, additional information meetings for nursing and medical staff and individual coaching and feedback sessions.

### Key questions:

- Which experiences does the audience have with methods to perform context assessments?
- How were the results used in the implementation strategy development?

### Challenges

Multicomponent complex interventions are challenging to implement due to the high variety of context-specific factors shaping the intervention implementation and performance. Additional complicating and challenging factors concern the complexity of the environment of implementation. A context-sensitive, tailored approach to implementation, supports optimal intervention uptake and performance in practice.

### Key highlights

The use of implementation science frameworks and methods enable systematic implementation design and support intervention uptake in practice. Context assessments prior to the implementation process enable tailored implementation strategies, fitting the local situation.

## #101- Lessons learned from a decade of Value-Based HealthCare implementation in a Dutch University Hospital: a mixed methods evaluation

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### Research aim

The aim is to produce insight at a strategic and operational level regarding implementation of a multifaceted management innovation, being Value Based HealthCare (VBHC), to facilitate and optimize implementation success in hospitals. This study retrospectively evaluates a university hospital's implementation process of VBHC during the last decade.

### Setting

The university hospital "Erasmus Medical Center" (EMC) is the largest hospital in The Netherlands. EMC employs around 950 medical specialists and 2500 nurses. Further, it has around 1350 beds and over 173,000 unique patients yearly. EMC is a pacesetter in VBHC with their first activities starting in 2014.

### Method(s)

The study deploys a mixed-methods, retrospective study design. Several data sources, theories and frameworks are combined. Methods include 1) quantitative data analysis, based on a clinician survey and implementation performance monitoring data (e.g., implementation spread, and use of digital VBHC tools) and 2) qualitative data analysis comprising document analysis (i.e., strategy- and policy documents and minutes) and semi-structured interviews with clinicians and members of the hospital-wide VBHC implementation team. Implementation strategies were investigated using the 73 ERIC strategies and associated nine categories by Waltz et al. Implementation outcomes to evaluate implementation success were drawn from the CFIR Outcomes Addendum.

### Key finding(s)

The hospital's implementation plan evolved from "inch-wide, mile-deep" (i.e., small population implementing multiple VBHC-facets) to "mile-wide, inch deep" (i.e., large population implementing VBHC-facets step-by-step), for which we studied associated (dis)advantages. Forty-three unique ERIC strategies were applied by multilevel actors (i.e., top-management, implementation team, departments) after being "localized" to accommodate the intervention and context. Dominant categories regarded interactive assistance, especially having a diverse, perseverant yet flexible centralized implementation team, and engaging patients. Strategy use was intensified in reaction to

the lagging use of Patient Reported Outcome Measures by patients and clinicians. Last, IT both catalyzed and impeded sustainable change.

### Discussion

- When the objective is full (i.e., “mile-wide, mile-deep”) implementation of a multifaceted innovation such as VBHC, what conditions necessitate or make it more favorable to seek an “inch-wide, mile-deep” versus a “mile-wide, inch-deep” approach , and vice versa?
- How to balance between improving clinician compliance with new ways of working in a soft manner (e.g., reminders, stimuli) and mandating use, especially in a hospital setting where healthcare professionals are highly autonomous and dominant stakeholders?

### Challenges

A challenge we faced was how to evaluate a hospital-wide program that is 1) continuously adapted based on new insights, and 2) comprises tailor-made implementation strategies for (sub)departments (i.e., co-existence of non-uniform implementation processes). As a result, observed effects cannot easily be attributed to a single set of strategies.

### Key highlights

Our work shows that 1) parallel use of “deep” and “wide” implementation may offer benefits compared to isolated use of either of the two; and 2) hospital-wide change necessitates that implementation strategies are applied across multiple hierarchical levels, which has implications for research on, and facilitation of, multilevel change mechanisms.

## #109- Stakeholder’s experiences of tailoring strategies to support implementation of the Dose Adjustment for Normal Eating (DAFNE) structured patient education programme for people with type 1 diabetes: a mixed methods study

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### Research aim

We are working with Irish hospitals to tailor strategies to support the implementation of Dose Adjustment for Normal Eating (DAFNE), an evidence-based patient education programme. We aim to evaluate stakeholder’s experiences of the tailoring process and understand what guidance and evidence they use and value during the process.

### Setting

This study focuses on tailoring strategies for the healthcare setting. It involves clinicians working in diabetes services within hospitals across Ireland. DAFNE is recommended as part of type 1 diabetes management, but little is known about current implementation and how best to support delivery.

### Method(s)

This study is part of a multiple case study. DAFNE teams complete a site survey on implementation culture, climate, and readiness before participating in three group discussions to prioritise determinants and select and operationalise strategies, first, based on their own preferences, and subsequently guided to consider criteria and evidence. Using a mixed methods convergent design, their experiences of the tailoring process are evaluated using multiple data sources (research logs, non-participant observation, and post-tailoring surveys and interviews). A triangulation protocol will

be used to integrate the findings. Data will be combined using joint displays for within and cross-case analysis.

#### Key finding(s)

In total, 18 hospitals have been invited to participate in the tailoring process, 5 centres have completed the tailoring process and 3 are ongoing. Teams prioritised current determinants important to address now, including lack of available resources (e.g., lack of admin. support), access to knowledge and information (e.g., familiarity with course content), and networking and communication (e.g., long-standing relationships). Preliminary results indicate the tailoring process is acceptable and feasible allowing educators 'to sit and discuss DAFNE specifically', albeit additional guidance and evidence appears not to be used when prioritising determinants.

#### Discussion

Tailored implementation strategies are effective in supporting implementation of healthcare interventions. However, which tailoring approaches are most feasible and acceptable to stakeholders as well as the outcomes important to them are not well understood. I would like to ask this audience:

- What has tailoring looked like in your settings and how has it been evaluated?
- What guidance and evidence do you give stakeholders during tailoring and how do they use it?

#### Challenges

Challenges included scheduling tailoring sessions with clinical teams, ensuring the full team responsible for delivering DAFNE engages, and has the opportunity to share their perspectives. To facilitate, sessions have largely taken place online. Some elements have been done online and offline (after meetings) to facilitate reflection (e.g., operationalising strategies).

#### Key highlights

This study will advance current understanding of (1) tailoring approaches which are feasible and acceptable to clinical stakeholders, and (2) stakeholder decision-making; what guidance and evidence they use and value during tailoring. The findings will be valuable for implementation researchers, yielding insight into best practices for developing tailored strategies.

## #139- The Implementation strategy for the transfer and adoption of successfully proven good practices on digitally enabled integrated person-centred care to heterogeneous contexts

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#### Research aim

Reinforce the capacity of health authorities to address important aspects of health systems' transformation by supporting the transfer of innovative successful best practices for delivering integrated person-centred care to heterogeneous and complex healthcare environments.

#### Setting

JADECARE, EU funded Joint Action (JA), aims to assist Member States in undertaking health system reforms by supporting the transfer of four "original Good Practices" (primary care centers, hospital and community setting) to 21 "Next Adopters (NAs)" of 14 different EU countries. It started October 2020 and ends October 2023.

### Method(s)

The implementation strategy is a three step method that includes a series of techniques, concrete procedures, guidance and recommendations. The three main phases are: Pre-implementation (planning and preparation), Implementation (roll-out and operation, based on PDSA cycles) and Post-implementation (impact assessment and learning).

The approach is based on the work done in the JA CHRODIS PLUS on Implementing Good Practices for Chronic Diseases and adapted to the particularities of JADECARE. It is appropriate from the scientific point of view, applicable considering data availability and feasible according to the project's resources and timeline (3 years).

### Key finding(s)

Successful application of the implementation strategy in JADECARE:

- **Pre-implementation:** the NAs identified more than 150 local needs aligned with original Good Practices' elements. Overall 64 interventions are included in the action plans targeting more than 4 million people.
- **Implementation:** the NAs completed two PDSA Cycles monitored by more than 350 predefined KPIs. In ten structured thematic workshops they exchanged their experience about the transfer process.
- **Post-implementation:** the NAs analyzed the implementation process through the CFIR and reported the whole experience using SQUIRE 2.0 guidelines. Moreover, the implementation strategy is assessed by NAs (end users) to evaluate its impact and usability.

### Discussion

- How relevant is it to focus on the prior preparation of the local environment and to consider the key contextual determinants of the implementers to modulate the success of the implementation process?
- How can a community of learning stakeholders be promoted that explores ways to develop, collect and exchange knowledge and performs concrete action for boosting and leveraging the sustainability of the implemented practices?

### Challenges

Kronikune Institute for Health Services Research, the developer of the strategy, has conducted an effective leadership of the learning community of key stakeholders in the project, ensuring clear communication of guidelines for empowering implementers to act towards change and providing continuous facilitation during the deployment.

### Key highlights

The strategy provides a blueprint for adoption, implementation, monitoring, reporting and sustainability of successful interventions into new contexts.

The successful use case of JADECARE sets the base to implement digitally enabled integrated care at large scale, which translates into introducing innovations in health systems that result in better health care.