

WtT 3

Bridging knowledge and Practice: pragmatic pre-implementation approaches using the Knowledge-to-Action Framework

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Introduction

The pre-implementation phase is a critical phase that lays the groundwork for successful implementation. In a large study, only 15% of sites achieved competency, with timelines ranging from 3.3 to 5 years. Sites thoroughly engaged in pre-implementation activities were more likely to achieve competency, while incomplete or poorly executed activities led to extended timelines or failure. While pre-implementation strategies are broadly defined, detailed methods for their execution remain poorly described, leaving a critical gap in understanding how to optimise this essential phase. This symposium explores the "pre-implementation black box" by describing strategies from three projects and their impact on implementation.

Presentation I

Background: The pre-implementation phase consisted of the first four phases of the Knowledge-to-Action Framework (KTA) and was used to implement high-intensity gait training (HIT) at two rehabilitation facilities. An external implementation advisor facilitated the program and recommended activities such as obtaining leadership buy-in, applying leadership strategies, creating a culture for change, and facilitating clinician engagement. These activities were completed to varying degrees across the sites, which appeared to influence implementation fidelity and timelines.

Methods: Project planning was guided by the KTA Framework, emphasizing collaboration, stakeholder engagement, and co-creation of the implementation plan. Surveys and focus groups captured data on pre-implementation activities and clinicians' perceptions of the project. Implementation fidelity and time to achieve project milestones were measured during the implementation phase.

Results: The degree of pre-implementation activity completion influenced both the success and speed of the implementation phase. Sites that engaged thoroughly in pre-implementation activities experienced more rapid and successful implementation. In contrast, incomplete or less intensive efforts led to longer implementation timelines, greater resistance, and operational challenges.

Discussion: (1) The Influence of Pre-Implementation Completeness on Implementation Success: This project highlights how varying levels of pre-implementation activity completion significantly impact the speed and success of implementation efforts. How can organisations ensure thorough and consistent execution of pre-implementation activities across sites? (2) The Role of Leadership and Stakeholder Engagement: Leadership buy-in and clinician engagement are critical components of successful pre-implementation phases. What strategies can external advisors use to support leadership and stakeholder collaboration to foster a culture for change and reduce resistance?

Presentation II

Background: The Chelsea Critical Care Physical Assessment Tool (CPAx) assesses function in critically ill patients. Its implementation requires preparation to ensure organisations and clinicians are equipped for the change. At Oslo University Hospital, pre-implementation activities were tailored to the needs of the intensive care units (ICUs) and fostered engagement among clinicians and leaders.

Methods: Leaders and clinicians were engaged through informal and formal meetings, telephone, and email communication. These interactions leveraged contextual knowledge of each ICU and aimed to "seize the moment" by gathering key stakeholders together. A mix of professional dialogue and informal activities, such as sharing cinnamon buns, helped build trust. Efforts to connect geographically dispersed ICU professionals fostered collaboration and a sense of community. Knowledge-sharing sessions prioritised discussions on

practical applications, challenges, and implementation strategies, aligning organisational goals and securing early staff buy-in.

Results: The pre-implementation phase, completed in approximately 8 months, established a clear sequence of strategies and actions. ICUs have since taken ownership of their implementation projects, showing greater engagement and commitment.

Discussion: (1) "We don't do that here" – The Importance of Tailoring Approaches to Leaders:

How can specific knowledge about the organisation and its leadership dynamics enhance preparation for implementation and secure leadership buy-in? (2) "Seeing it through their lens" – Tailored Approaches to Clinician Engagement: To secure clinician buy-in, it is essential to gain a deep understanding of their professional roles, challenges, and perspectives. What strategies can be used to effectively learn about and incorporate these viewpoints to align implementation efforts with their needs?

Presentation III

Background: This project focuses on implementing measurement tools to assess vestibular dysfunction in concussion patients across three departments at a rehabilitation hospital in Norway. The pre-implementation phase, involving both managers and physiotherapists, is critical for fostering mutual understanding, aligning priorities, and securing the organisational support necessary for successful implementation.

Methods: The Knowledge-to-Action (KTA) Framework guided the pre-implementation phase, focusing on assessing knowledge gaps, adapting knowledge to the local context, and identifying barriers and facilitators. Surveys and focus groups were conducted to evaluate clinicians' readiness for the project, providing valuable insights that informed the design and development of tailored pre-implementation strategies.

Results: Although similar strategies were employed, such as sharing project information via email- and online collaboration platforms, motivating clinicians, and providing training through regular follow-up meetings, implementation progressed at different speeds across the three departments. The variations between departments within the same organisation may be influenced by differences in leadership engagement and local context.

Discussion: (1) The Role of Leadership Engagement in Implementation Success. How do variations in leadership engagement impact the pace and effectiveness of implementation efforts across departments? What strategies can be employed to ensure consistent leadership involvement and support throughout the implementation process? (2) Adapting Pre-Implementation Efforts to Local Contexts for Effective Implementation. How can pre-implementation strategies be better tailored to account for unique departmental contexts within the same organisation? What role do tools like surveys and focus groups play in identifying and addressing these contextual differences to promote equitable progress?