EIE 2025: Poster presentations June 6, 2025

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Towards tailored implementation: a discrete choice experiment for stakeholder-driven selection of strategies to improve physicians' infection prevention practices

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Research aim

We aim to explore physicians' preferences for implementation strategies to improve their application of infection prevention (IP) using a discrete choice experiment (DCE). This method enables systematic selection of implementation strategies for IP that is routed in empirical data, and forms a stepping stone towards developing tailored interventions.

Setting

Application of IP, such as hand hygiene, is crucial to prevent hospital-acquired infections. All physicians practice IP, but their contexts vary e.g. in culture, norms and experience. Physicians tend to be critical of guidelines and difficult to engage in interventions. Therefore, we include physicians from Dutch hospitals from all departments.

Method(s)

We construct DCE scenarios based on our theory-based and stakeholder-driven selection of strategies, balancing scientific rigor and practical relevance. DCE is a method to quantitatively analyse preferences by presenting participants with a choice between hypothetical scenarios with varying attributes and levels. We explored determinants of behaviour through a scoping review and interviews using the Theoretical Domains Framework (TDF). Use of the TDF facilitates theory-based selection of potential strategies through the Behaviour Change Wheel (BCW). We will involve a sounding board of physicians and infection prevention practitioners in the scenario development through several meetings, e.g. to prioritize these strategies.

Key finding(s)

Literature indicated that culture, context and social influences are relevant for physicians' IP behaviour. Interviews confirmed this - and that behaviour is led by personal values and social norms. Physicians use heuristics or decide if they see the value of IP application through a risk assessment, considering situational specifics. DCE scenarios will incorporate these influences. We hypothesize that DCE results will show several types of physicians with distinct preferences, reflecting contextual differences. We expect stakeholder involvement to ensure relevant DCE scenarios and foster increased engagement with and uptake of IP initiatives through this collaboration.

Discussion

We hypothesize potential tension between physicians' stated preferences for strategies and strategies selected through the BCW. Physicians are likely to be critical towards strategies selected by researchers that deviate from their own preferences. How to navigate this tension? Implementation strategies can work through different mechanisms. E.g. feedback is a common strategy, but the way in which feedback is delivered impacts its success in different contexts. Varying DCE levels might help to elucidate underlying mechanisms of strategies. What knowledge on mechanisms is needed, and how can a DCE contribute to this?

Challenges

The BCW aims towards intervention development and DCE towards preference elicitation, while we combined the two to investigate preferences for interventions. As this combination to our knowledge has not been applied before, it was challenging to operationalize this approach. We consulted literature and other researchers to build our approach iteratively.

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Evaluating a Virtual Community of Practice as implementation strategy for the Needs Assessment Framework in intellectual disability care: a quasi-experimental multi-methods study

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Research aim

The e-tool Needs Assessment Framework (NAF) stimulates awareness of care staff to consider perspectives of clients with intellectual disabilities in decisions on involuntary care. We explored the effect of implementers' participation in a Virtual Community of Practice (VCoP) for designing implementation plans, on NAF implementation and care staff awareness.

Setting

In the Netherlands, the new Care and Coercion Act (2020) required intellectual disability care organisations to implement new methods that aim to increase clients' self-determination and reduce involuntary care practices. Involuntary care is defined as care provided without clients' consent.

Method(s)

Implementers (n= 9) of four care organisations participated in the VCoP. The ItFits-toolkit work routine in the VCoP was qualitatively analysed to understand choices regarding the development of implementation plans. A quasi-experimental design was used to compare implementation and awareness by care staff (n=54) between organisations that implemented NAF with VCoP participation (N= 4) and organisations that implemented NAF as usual (N=3). Measured care staff outcomes (n= 54) were *Level of Implementation*, which was measured with the adapted Dutch Normalisation Measure Development (NoMAD), and a self-constructed questionnaire *Degree of Awareness of considering clients' perspective on involuntary care*.

Key finding(s)

According to implementers, NAF can enhance care staff's awareness to consider clients' perspectives in involuntary care decisions. Nevertheless, no statistical differences in implementation and awareness among care staff were found between the intervention and control groups. Working together with implementers from various organisations in a CoP was seen as fruitful for setting an objective for implementing NAF, making choices for implementation plans, and tailoring interventions to the needs of organisations. Implementers appreciated the ItFits-toolkit for tailoring implementation interventions.

Discussion

Implementers did see benefits of collaborating in a CoP as implementation strategy for designing implementation plans. However, hindering factors within the political and organisational context appeared detrimental in carrying out implementation interventions as designed. Tailoring interventions directly to the needs of care staff might lead to better results on level of NAF implementation and the degree of care staff's awareness towards involuntary care. Evaluation of both implementation effectiveness and process offer unique insights for iteratively changing daily practice around involuntary care.

Challenges

Although it was expected that including policy staff in a VCoP would be beneficial in designing implementation plans, in practice this was found to be a barrier. Policy staff had to engage intermediaries first before being able to reach out to care teams, which hindered implementation processes.

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Indicator development for the evaluation of user-researcher collaboration in health research: A co-designed Delphi-study

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Research aim

Involving and engaging patients and the public (users) in health research, also called PPIE, gains interest. However, evaluation of the user-researcher collaboration has not yet received much attention. The goal of this co-designed study was to develop quality indicators to evaluate user-researcher collaborations in health research.

Setting

This study was performed in the context of the FICUS-study, which tests a nurse-led family support intervention in critical care in the German speaking part of Switzerland and uses PPIE. The study initiative arose from the FICUS patient and family advisory board.

Method(s)

Between December 2023 and August 2024, we co-conducted a three-round Delphi-study with seven users and seven researchers to define indicators of successful PPIE in health research. First, two citizen science experts facilitated a co-design workshop to discuss and identify potential indicators. Then, four delegates clustered and formulated a set of indicators. Second, these indicators were assessed for their relevance, comprehensibility and completeness by a survey within the same group. Finally, three delegates operationalized the reformulated and reduced indicators into questions, which were assessed for their relevance, answerability and comprehensibility in a second survey within an extended user-researcher group.

Key finding(s)

The first round resulted in a set of 35 quality indicators. In the round two survey (response rate 11/14), suggestions to optimize comprehensibility and completeness were made, and 5/35 indicators were assessed as either redundant or partly redundant. Hence, indicators were merged, redefined, and formulated into 30 questions and statements. This refined indicator set was evaluated in a second survey within round three. In total, 13/24 respondents indicated all indicators as relevant or partly relevant and made suggestions to optimize the answerability and comprehensibility. The 30 indicators for successful PPIE were then finalized.

Discussion

In this co-designed Delphi-study, with an equal number of user and researcher representatives, we developed indicators for the evaluation of PPIE in health research. We used a modified Delphi-method to integrate and enable an open discussion between PPIE users and researchers to enrich the content, and the possibility of anonymous response in the survey without interference from (unintended) hierarchy or other influencing factors.

- Is the modified Delphi-method, in your opinion, appropriate to identify relevant indicators for the evaluation of PPIE in health research?
- Who would you have involved in the process of co-design and PPIE indicator development?

Challenges

In this Delphi-study, the challenge was to find representative users and researchers with PPIE experience. We asked institutes engaged and/ or involved in PPIE and approached researchers in the field. A further challenge was the development of indicators, which are equally relevant for both users and researchers.

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Enhancing implementability of falls prevention programs for culturally and linguistically diverse populations

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Research aim

To determine if a collaborative approach increases implementability (acceptability, fidelity, feasibility, sustainability and scalability) of a falls reduction program with a culturally and linguistically diverse population.

Setting

Community health setting & health promotion

Method(s)

3-phase implementation project including:

1. Phase 1: collaborative development of the falls reduction program with culturally and linguistically diverse community members, healthcare professionals and researchers. Outcomes evaluated include acceptability and engagement in the co-design process
2. Phase 2: pilot study of the collaboratively designed intervention. Outcomes evaluated include acceptability, fidelity and feasibility
3. Phase 3: randomised controlled trial of the collaboratively designed intervention. Outcomes evaluated include acceptability, fidelity, feasibility, sustainable adoption and scalability of the intervention.

Key finding(s)

1. Phase 1: The collaborative team included 24 partners consisting of older people from ethnic communities, ethnically diverse community groups and service providers. The intervention was developed over 5 stages. Two stages engaged 72 participants including 67 older people from 3 ethnically diverse communities (Chinese, Italian and Arabic-speaking). Strong participant satisfaction (96%) and coproduction team consensus (100%) regarding the readiness of our intervention for progression to clinical trial support the success of our approach. Strategies to optimize communication and upholding the principles of coproduction were identified by our team as important to the process.
2. Phase 2: Data currently being analysed

Discussion

- We propose a relationship between stakeholder perceptions of an intervention (acceptability, fidelity and feasibility) and adoption outcomes (sustainability and scalability) - are there other factors that influence adoption outcomes?
- How can we enhance acceptability of healthcare interventions? An empirical debate.

Challenges

The project required extensive resources to support engagement with the culturally and linguistically diverse partners which significantly impacted on the budget and limited the amount of people we could involve. Recruitment for phase 2 was enhanced by having research partners on the project from the targeted communities.

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Learning how to scale-up: scale-up strategies for school-based interventions

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Research aim

Little is known about how to effectively scale-up (public) health interventions. The goal of this study was to identify scale-up strategies used for school-based mental health interventions which have been successfully scaled-up.

Setting

The study included school-based interventions aimed at preventing anxiety, depression, and/or suicide in children and adolescents.

Method(s)

We conducted a mixed-methods, multiple case study among authors of published school-based mental health intervention trials. Participants were identified through a systematic review and two meta-analyses of school-based mental health interventions. A survey was distributed to gather data on scale-up decisions, intentions, and strategies. For analysis, we categorized interventions as either large-scale (implemented in >10 schools) or small-scale (implemented in 10 schools or fewer). To explore determinants and strategies in greater depth, 12 in-depth interviews were conducted. Interventions were classified as successfully scaled-up (implemented in >10 schools with ongoing efforts to expand), in preparation for scale-up, or discontinued.

Key finding(s)

Forty five authors completed the survey, and for about half of the interventions there was an intention to scale-up. Several scale-up strategies were applied more often for large-scale and successfully scaled-up interventions, including intervention registries for disseminating interventions, adapting the intervention to new user settings, establishing an organisational structure, and strategies for cost assessment and cost reduction.

Discussion

The results of our study revealed several scale-up strategies that were important for large-scale and successfully scaled-up interventions. It also shows that there is still a lot we do not know about the effectiveness of scale-up strategies. Besides our main findings, this presentation will discuss how our findings relate to findings of other studies into scale-up strategies.

Challenges

It was a challenge to find participants who were involved in interventions that were successfully scaled-up after their trial period. We addressed this by analyzing the differences in scale-up strategy between successfully and less-successfully scaled-up interventions. It highlights the need for increased effort into scale-up.

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Evaluation of a 7-step process guidance program in Flemish residential care organisations for older people to improve oral care: Lessons learned in mapping implementation outcomes to implementation determinants

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Research aim

To evaluate the implementation of an oral healthcare policy in Flemish residential care organisations for older people (RCOs) that have followed the Oral HealthCare Track, a 7-step process guidance program. The goal is determine whether there are differentiating factors that influence implementation-success by mapping implementation-factors (CFIR) to implementation-outcomes (RE-AIM, IOF).

Setting

Two categories of Flemish RCOs will be recruited: (1) organisations that have completed the Oral HealthCare Track (OHCaT), and (2) organisations that prematurely dropped out of the OHCaT. Organisations are eligible for participation if they have completed/dropped out of the OHCaT in the last two years.

Method(s)

The evaluation will take place following three phases: (1) Based on available process data, implementation-outcomes (using RE-AIM and IOF) are calculated for eligible RCOs which are then rated along an implementation success-continuum (*note*: because data are often missing and we believe that implementation is a qualitative process, the resulting number is seen as an indicator, not an absolute success-score, and used for purposive sampling), (2) higher- and lower-scoring RCOs are contacted for in-depth interviews to uncover the influencing implementation factors, (3) qualitative data are analysed using CFIR to determine whether there were differentiating factors between higher- and lower-scoring RCOs.

Key finding(s)

First results from phase 3 will be available at the time of the EIE, which will be discussed together with insights regarding the three-phase methodology. A key finding regarding the methodology was the difficult consideration between methodological rigour on the one hand and real-life conditions (e.g. COVID, staff turnover,…) on the other hand. Adoption and interpretation of RE-AIM and IOF was made difficult because of missing data and the consideration that implementation is a complex, qualitative process that cannot be summarized in quantitative outcomes.

Discussion

- The abundance of implementation models is overwhelming. When selecting a model, we often tend to go with what we know. What arguments do you adopt to select an implementation model (e.g., familiarity, ease of use, scientific evidence-base) and what difficulties do you face when selecting an implementation model?
- Research projects are often limited in time and funds. How to convince external partners (e.g., research, funding) that implementation-research and outcomes are valid by themselves, without measuring innovation effects and long-term impact?

Challenges

The realisation that implementation models are often difficult to translate as-is to real-world conditions. Data are often lacking, and reshaping reality to fit within a model reduces the interesting complexity that is generally inherent to implementation. Discussions with experts who have extensive experience have helped to better interpret implementation models.

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Mapping the path to implementation: Systemic thinking is key to implementing AI-Based Psychosis Prevention in Germany's Early Detection Centres

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Project aim

A systemic perspective is essential for planning implementation, embedding interventions within healthcare systems and organisations to ensure their effectiveness and sustainability. This is even more critical when intensive collaboration between internal and external stakeholders is required to align efforts seamlessly integrating complex interventions in a dynamic environment. This study examines the initial implementation process of an artificial intelligence (AI)-based psychosis prevention intervention. We aim to explore the degree of systemic character achieved by the implementation strategies developed, and to analyse barriers and facilitators that emerged after applying these strategies by local implementation teams. Learnings should inform future implementation cycles.

Setting

The study is taking place in outpatient early detection and intervention centres (FETZ) in Germany. The centres offer AI-assisted early detection diagnostics and follow-up treatment based on cognitive behavioural therapy, whose extent depends on the severity of the psychosis.

Method(s) / Approach

An intervention description using the *template for intervention description and replication checklist,* and information gathered through expert consultation on the practice profile of the intervention and the characteristics of FETZs, were used to develop an interview guide aimed at exploring the implementation processes experienced within the study sites. Semi-structured interviews (n=10) were conducted with key persons from participating FETZs to outline the implementation process for each centre. We chose qualitative content analysis to extract and describe the meaning of the responses. We derived deductive categories from the literature and formed inductive categories during the material review.

Key insights

Results on the nature of implementation strategies, in particular on actors, their engagement, action targets (levels and determinants), the infrastructure required, and the barriers and facilitators remaining after applying the implementation strategies developed, show that implementation efforts were not managed systemically and actively enough to fully address the influencing factors.

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KoCoN: Bridging Gaps in Care for Children with Complex Neurological Conditions

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Project aim

This project is designed to support families with children who have complex chronic neurological conditions. Caring for these children poses significant challenges for both families and professionals, demanding immense effort and resources. The existing structures for cross-sectoral, interdisciplinary, and multi-professional care often fail to meet the specific needs of these children and their families. The project seeks to address these gaps by implementing a new form of healthcare provision, called KoCoN. The main objective is to enhance the quality of care and thereby alleviate children's symptoms and improve quality of life.

Setting

KoCoN operates at six German hospitals, providing specialized care for children with chronic neurological conditions. A multi-professional team coordinates pre-admission video conferences, hospital stays, and transitions. If hospitalization is unnecessary, outpatient plans are created. Families receive guidance, resources, and coordinated care through seamless case management and expert consultations.

Method(s) / Approach

The study evaluates the effectiveness and cost-effectiveness of KoCoN using a mixed-methods approach. A stepped-wedge design compares the intervention group to standard care, with parents completing five surveys from pre-admission to six months post-discharge. Key outcomes include symptom load, quality of life, and care quality. Health economic analysis links routine insurer data with primary quantitative data. The qualitative component examines family and staff experiences, focusing on pathway acceptance and implementation. Workshops with KoCoN teams will provide further insights to support long-term integration. Data collection began in March 2023 and concludes in March 2026, targeting a sample size of N=1296.

Key insights

Working on a project with six hospitals, health insurers, a self-help organisation, and evaluation institutions is both rewarding and challenging. As evaluators, we define the study scope, ensure criteria are met, and balance maximizing participant recruitment with accurate target group representation. Medical staff, knowing the patients best, decide on inclusion, requiring us to embrace real-world pragmatism and trust their assessments. We monitor decisions, though full control isn't always possible. However, interdisciplinary collaboration, diverse locations, and a mixed-methods approach are essential to understanding the intervention's mechanisms and effects. These strategies enable findings that support a sustainable, user-friendly, and target group-oriented implementation.

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How do healthcare organisations enable people with intellectual disabilities to make healthy choices? A systematic multiple case analysis

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Research aim

It appears to be challenging to implement and sustain lifestyle approaches in health care organisations supporting persons with intellectual disabilities (ID). In order to tailor knowledge and enhance implementation success, this study aims to gain insight into implementation processes and results per implementation step related to factors for behavioural change.

Setting

This study is part of the research project 'LEEV!. The project is performed through a collaborative effort of several knowledge institutes with seven healthcare organisations throughout the Netherlands. These organisations provide care and support 24 hours a day and mainly consisted of smaller locations and group homes.

Method(s)

This study was performed by an inclusive research team, including researchers with and without ID. A mixed-method design was used, describing the implementation process within 7 locations of 3 healthcare organisations guided by the steps of the model for quality assurance of lifestyle support and its recently developed assessment tools. These entailed questionnaires regarding the attitude of direct support persons towards exercise and nutrition and a scan providing knowledge and insight into the barriers and facilitators of a healthy environment. All relevant stakeholders of a health promoting environment participated, including persons with ID, their relatives, and (lifestyle) professionals

Key finding(s)

Results indicate that vision, policy, and opportunities for persons with ID for promoting healthy lifestyle are frequently absent within participating healthcare organisations. Regarding implementation, locations designed their own action plans with use of the steps of the model for quality assurance of lifestyle support. Actions to reach a variety of the chosen goals did not always match the needs of persons with ID, professionals and relatives. Insight was gained into the needed implementation steps. An overview of facilitators and barriers regarding support, knowledge sharing, healthy choices, motivation and resources for lifestyle support at location and organisation level will be presented.

Discussion

Implementing and continuously optimising lifestyle support entails organisational change. It is therefore significant to identify the conditions required for organisational change. In addition to the used model and questionnaires attitudes of direct support persons, a more multilevel perspective on change could be of significance.

- Should organisational readiness and/ or individual readiness be considered as a precondition for implementation?
- How could organisational readiness be succesfully adjusted within the chosen implementation strategy within the Check and Plan phase?

Challenges

Professionals experienced a lack of time, mixed motivated, overstretched caseload. By adjusting the context such as, organizing appealing kick-off meetings, providing knowledge and relevance regarding healthy lifestyle. Also by supporting and facilitating them by providing continuous overview within research steps and aligning in structural meetings with managers and director.

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Training and support provided to prepare facilitators for their role in implementation efforts: a scoping review

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Research aim

This scoping review aimed to explore the literature and identify and describe how facilitators have been trained for and supported in the facilitator role in implementation studies. Here, we focus specifically on the content and learning activities in their training and the additional support provided to them.

Setting

We included studies conducted in health and community care.

Method(s)

Inclusion criteria: a) facilitation targeting staff and managers was used as an implementation strategy to support the implementation of specified innovations, and b) details on the training and/or support of facilitators were reported. All types of peer-reviewed studies and study protocols published in English were included. Systematic searches were performed in Medline, Embase, Web of Science Core Collection and CINAHL from inception to September 2020 and in September 2022.

Pairs of reviewers performed screening, full-text review, and data extraction independently and blinded to each other’s decisions. Data were analysed using the principles of qualitative content analysis and descriptive statistics.

Key finding(s)

186 articles were merged into 146 projects. In 88 of these, the facilitators were provided with both training and support and in the remaining, training (n=46) or support (n=12). The level of detail reported varied considerably. The most frequently reported content was categorized as *Tools and methods for planning, leading and evaluating implementation.* Other categories were *Analysis of current practice and conditions for implementation, Strategies for implementation and change, Leading change and handling groups, Theoretical approaches,* and *Components of the specific implementation project.* Categories that described learning activities were *Personal supervision, Educational sessions and materials, Interactive activities* and *Skills training.*

Discussion

Facilitation has gained attention in the literature and is described as an implementation strategy that can be learned and facilitators' skills improved. Hence, reporting on the training and support of facilitators is vital. The considerable variation in the reporting hampers the building of robust scientific knowledge on how facilitators could be prepared and supported, and consequently also on facilitation as as a strategy in general. Further, appropriate reporting is fundamental for the usefulness of findings in real-world contexts.

- What and how should we report about training and support of facilitators?
- How can we evaluate the training and support?

Challenges

Similar roles with different names, e.g. champions and coaches, exist in literature and facilitation/facilitator is sometimes used for solely training/education in specific clinical procedures. We included articles with individuals named facilitators or named differently but explicitly using facilitation as a strategy to support implementation processes of specified innovations.

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How is implementation science used in hybrid effectiveness-implementation randomised controlled trials? A state-of-the-art review of early adopters

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Research aim

Hybrid randomised controlled trials (h-RCTs) combine effectiveness and implementation aims to promote more rapid translation of evidence into practice. Being a relatively new and evolving field, this study presents a timely review of the characteristics and reporting quality of h-RCTs, and how implementation science theories are used.

Setting

This study is a state-of-the-art literature review of health-related, hybrid effectiveness-implementation randomised controlled trials.

Method(s)

Citation-indexed databases (Scopus and Web of Science) were searched from 2012 to June 2024 for trials that were i) randomised, ii) of hybrid design iii) citing and using implementation science methodology, and iv) reporting results. Trial contexts, characteristics, implementation science methods and theories were extracted. Data extraction and reporting quality assessment followed the Standards for Reporting Implementation Studies, with the addition of how implementation science theories were applied, i.e. to the trial design, delivery and/or outcomes.

Key finding(s)

Of the 1635 initial 'hits', 93 papers were included, consisting of 44 main results papers, 29 protocol papers and 20 secondary results papers. Most were published in the past five years (75%), conducted in primary care/outpatient/community settings (77%), and in North America (61%). Clinical areas varied, with the most common being cardiometabolic health (27%) and mental health (23%). Implementation science theories were predominantly used to inform implementation outcomes (86%) rather than the intervention design/delivery (41%). Most trials (98%) reported statistical inferences of success/significance for effectiveness outcomes, whereas implementation outcomes were heterogeneous and largely descriptive only (53%).

Discussion

h-RCTs with embedded implementation science theories are being increasingly adopted. Implementation science theories were mostly used to inform trial outcomes; future trials may benefit from extending these theoretical approaches also to the trial design and intervention delivery. To accumulate a robust body of research of h-RCTs, pre-determined hypotheses and theory-driven implementation outcomes which use standardised taxonomy will support reproducibility and external validity.

Challenges

Heterogeneity in implementation outcome taxonomy and variation in reporting quality impaired ability to benchmark implementation success across studies. Early adopters of h-RCTs are yet to report on longer term research translation outcomes. Searching was limited to databases with citation indexing, Scopus and Web of Science.

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A multi-faceted and tailored intervention strategy resulted in an increase of health-promotive activities in primary healthcare

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Project aim

We evaluate the uptake of a 12-months multi-faceted implementation strategy based on a leading change model, using internal and external facilitators, reflections from patient representatives and a combined top-down and bottom-up approache to achieve a more health-promoting practice.

Setting

The study was conducted in Region Örebro County, Sweden where taxes and governmental contributions are the main funding source. The region has 28 primary healthcare centers and should work with systematic health-promotion according to the overarching operational plan.

Method(s) / Approach

Five intervention centers and five matched control centers were included in a non-randomized parallel group study. An implementation intervention was provided during 12 months to the intervention centers. The clinical process included the use of lifestyle screening forms before patient visits at the healthcare center, inviting the patient to talk about their habits and provide advice when called for; register health-promotive activities in the respective medical record. The control centers did not receive any support. Registered lifestyle screening forms and health-promoting activities were collected monthly over the study period (6 months pre-implementation phase, 12 months intervention and 6 months post-implementation).

Key insights

The implementation strategy seems successful. During the 6-months baseline phase, the control centers sent out lifestyle screening forms to more patients (n=194) compared to the intervention centers (n=32). The mean uptake per 1000 visits for health-promotion activities were similar between intervention (39.7) and control centers (38.6) at baseline. The mean uptake per 1000 visits during the 12-months intervention period was 66 (intervention centers vs 38 (control centers). The improvements sustained during the 6-months post-implementation phase: mean uptakes per 1000 visits 136.5 (intervention centers) vs 73.2 (control centers). Data will be analyzed further for relative effect.

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Assessing the Stability of Living Situations in Elderly Residences: Co-Designing a Practical Decision-Making Tool

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Project aim

Elderly residences promote autonomy and self-determination by enabling older adults to live independently in familiar surroundings. However, stable living situations require personal and social resources that allow for autonomous and self-directed living. Providers must assess whether a stable and secure living situation exists to ensure residents' well-being, yet suitable assessment tools are lacking. The *Stability of Living Situations in Elderly Residences (StAWo)* project aims to develop a practical decision-making tool to help providers evaluate the stability of living situations and support informed decisions to enhance autonomy and improve the quality of life for older adults.

Setting

The primary target group of the project is older adults living in elderly residences. Additionally, it addresses providers, and particularly those persons responsible for assessing the stability of living situations. The project is conducted in collaboration with a provider of elderly residences in the German-speaking region of Switzerland.

Method(s) / Approach

The project uses a co-design approach in close collaboration with the practice partner to develop, evaluate, and refine the decision-making tool. An initial version, informed by a qualitative exploratory study with the practice partner’s staff and leadership, will undergo a six-month pilot phase. Validation and refinement will follow through surveys, workshops with the practice partner’s staff and leadership, and expert consultations. The project emphasizes both the tool’s content and its implementation, integrating these aspects into an accompanying application concept. By addressing a real-world challenge brought up by the practice partner, this co-design approach ensures practical relevance and sustainable implementation.

Key insights

The StAWo project emphasizes the value of co-design in creating practical tools for real-world challenges. Collaborating with a specific elderly residence provider, we aim to understand how iterative co-design processes enhance tool usability and implementation by addressing the unique contextual needs of this specific provider. While tailored to the practice partner, the tool is also envisioned as a foundation adaptable for other providers. Potential challenges, such as limited user adoption or unforeseen barriers for the tool’s implementation, will offer valuable insights into both the content focus of the study and improving co-design methodologies.

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Bridging science and practice through knowledge sharing: A community of practice as an inspiring example in intellectual disability care

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Project aim

This project seeks to bridge the gap between science and practice in intellectual disability care through Communities of Practice (CoPs). These collaborative platforms bring together researchers, healthcare professionals, family members, and other stakeholders to share knowledge, tackle practical challenges, and co-create sustainable solutions. By fostering mutual learning and integrating research insights into real-world applications, CoPs promote evidence-based practices and professional development. The project combines offline and online participation, offering flexibility and inclusivity. Ultimately, it aims to drive innovation, improve care quality, and establish CoPs as a cornerstone for collaboration and knowledge exchange in the intellectual disability care sector.

Setting

The project, conducted within the Academic Collaborative Centre at Tilburg University, involves 17 care organisations, researchers, professionals, and family members. CoPs address themes like eHealth, complex care, family participation, and self-determination. Using physical and virtual settings, including Microsoft Teams, this inclusive approach fosters collaboration to improve intellectual disability care practices.

Method(s) / Approach

A participatory and iterative approach underpins the CoPs, emphasizing collaboration and knowledge exchange. Sessions focus on research presentations, sparking discussions that connect findings with practical applications. Interactive formats enable stakeholders to identify challenges and co-develop solutions grounded in research and practice. To evaluate the CoPs, we conducted interviews with twenty participants, gathering insights into their experiences, strengths of the approach, and areas for improvement. Special attention is given to translating implicit and explicit knowledge into actionable strategies, ensuring applicability across diverse care settings. This dynamic methodology fosters collaboration and supports continuous improvement in intellectual disability care.

Key insights

CoPs have proven to be valuable platforms for enhancing knowledge sharing, collaboration, and innovation in intellectual disability care. Participants appreciated the focus on mutual learning, practical relevance, and bridging science with practice. Key success factors included clear objectives, interactivity, and diverse expertise among participants. Online formats increased accessibility, though maintaining engagement posed challenges. Outcomes included strengthened professional competencies, broader knowledge dissemination, and actionable insights for care improvements. These findings highlight CoPs as effective tools for fostering sustainable innovation and closing the gap between research and practice, ultimately driving quality advancements in intellectual disability care.

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Barriers and facilitators for improving suicide prevention at emergency departments in the Netherlands. A mixed methods study

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Research aim

Identifying barriers and facilitators for improving suicide prevention at emergency departments (ED) in the Netherlands.

Setting

An intervention to improve patient care at EDs after a suicide attempt was rolled out in a network of 25 hospitals. High quality care at an ED after a suicide attempt – e.g. kindly engaging with patients and ensuring patient safety and adequate follow-up care – can help prevent new attempts.

Method(s)

This mixed-methods study combined questionnaire data (n=741) of hospital staff about their needs, perspectives and experiences with implementing suicide prevention activities with interview data from 16 hospital contact persons on barriers and facilitators in implementing these activities. Interviews were transcribed and analyzed with thematic analysis, based on the domains by Geerligs et al. (2018). The MIDI (Fleuren et al., 2014) was used in the questionnaire to assess determinants of implementing suicide prevention activities among hospital staff.

Key finding(s)

While raising awareness and training staff proved feasible, embedding suicide prevention activities in care as usual remains challenging. Interviews identified that successful implementation is supported by structured implementation plans, sufficient resources, project champions, cross-departmental involvement, integration with existing systems, and strong management support. Allowing hospitals flexibility in designing implementation plans increased ownership and fit within existing structures. Key barriers include high work pressure, staff turnover, and difficulties in establishing effective external collaborations. Resistance to change is observed among some staff, while others are keen to learn new skills. Staff report that sufficient time, training and clear protocols facilitate successful implementation.

Discussion

- Many hospitals were able to raise awareness and train staff. However, in order to truly improve care, changing attitudes and enhancing staff's abilities to empathize with patients' perspectives are needed. What strategies could be used to support this?
- Running the project in the hospitals and running the hospital network was achievable with the support of the National Suicide Prevention Program. Moving forward, hospitals must embed suicide prevention activities and take leadership of the hospital network. How could this be set up and secured?

Challenges

The COVID-19 pandemic greatly affected EDs and put a hold on project activities. We stayed in contact and moved the project forward again after the pandemic. Another challenge was personnel turnover at all levels, which required additional training rounds and increased and continuous efforts to keep program activities going.

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Models, theories, and/or frameworks used in the co-design of complex health interventions: a scoping review

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Research aim

The aim of this scoping review is to synthesize the literature on the models, theories, and/or frameworks used in the co-design of complex health interventions to identify their common elements (components, values/principles, associated methods and methodologies, and outcomes).

Setting

Across healthcare settings (i.e., acute, rehab, and community)

Method(s)

The overall study used an integrated knowledge translation (iKT) approach. A scoping review was conducted using the methodological frameworks outlined by the Joanna Briggs Institute (JBI). All primary studies published since 1972 (consistent with them the term "co-design" first originated) that have applied a model, theory, or framework for the purpose of co-designing a complex health intervention were eligible for inclusion. All stages of the review were conducted in duplicate.

Key finding(s)

Note: study is currently still in progress, but will be completed by the time of the EIE 2025 conference.

Analyses that will be presented, include:

- Relevant models, theories, and frameworks used to guide co-design processes;
- Training and roles of co-researchers; and
- Values and principals integrated in co-design processes.

Discussion

- What models, theories, and frameworks have you used to guide your co-design work? How were they applied?
- How have you used values and/or principles in your co-design work?

Challenges

Challenges included:

- Varying interpretations of how models, theories, and/or frameworks are defined in the literature
- Lack of evidence of authentic co-design
- Lack of reporting of values and/or principles

Mitigating strategies in response to challenges:

- Establishment of clear definitions and decision rules for inclusion
- Iteratives processes and collaborative discussion

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Elucidating Effectiveness, Perceptions and Barriers of Primary Eye Care Model in Singapore: A Mixed Methods Study

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Research aim

This study evaluated the quality of care provided at Primary Eye Care model (PEC) by assessing the agreement between PEC optometrists and ophthalmologists on the patient's management plan. Additionally, the study also explored contextual factors (e.g., interprofessional relationships, patients' perceptions), strategies and processes that influence the implementation of PEC.

Setting

This Singapore PEC model is a community-based, optometrist-led eye care model, to facilitate right-siting of care for stable and non-complex eye patients, by upskilled optometrists. Optometrists manage these patients in the community to reduce unnecessary referrals to the specialist outpatient clinic at the hospital.

Method(s)

A mixed-method sequential explanatory design, guided by the Practical, Robust Implementation and Sustainability Model framework was adopted. Clinical notes from 2018 to 2022 were retrospectively extracted. Quantitative evaluation of care quality included concordance of overall management plan (proportion of records where ophthalmologists agreed with optometrists' management and Cohen's kappa of management plan components (follow-up location, duration). In-depth interviews and focus group discussions were conducted with 14 patients/caregivers and 32 healthcare professionals to explore contextual factors that influenced implementation. Quantitative and qualitative findings were integrated using joint display analysis for a comprehensive PEC evaluation to improve operational efficiency and utilisation.

Key finding(s)

Among 23,990 cases, PEC demonstrated high-quality care with 95.6% concordance in management plans and strong agreement on the management plan components (Cohen's kappa: 0.83-0.88), reflecting PEC's effectiveness. A bidirectional ophthalmologist-optometrists partnership supported implementation and maintenance of high-quality care. PEC's high-quality care experienced by the ophthalmologists influenced their motivation to refer patients to PEC. However, limited interprofessional interactions between primary care physicians and optometrists reduced awareness of PEC's services, quality of care, impacting referral motivation. Patients' awareness of PEC integration with hospital services and optometrists' capability influenced acceptance of PEC referrals.

Discussion

Currently, PEC's care quality is assessed based on concordance of overall management plan. To better reflect holistic patient care, waiting time and healthcare cost should be included as key indicators. What objective measures can be implemented to assess optometrist-patient interaction quality, such as empathy, shared decision making? To enhance primary care physicians' awareness and address patients' concern on PEC integration with hospital services, PEC team will prioritise active engagement with primary care physicians and dissemination of interactive patient education, highlighting PEC's effectiveness and patient journey. What evidence-based tools can effectively map barriers with the implementation strategies, accounting for real-world constraints?

Challenges

Arranging focus group discussions with clinicians was challenging due to conflicting schedules. To ensure the inclusion of all key stakeholders, sessions were held either early in the morning before clinic hours or in the evening after clinics had ended, accommodating their availability while gathering essential information for the study.

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Health promotion programmes in early childhood education and care centres in Germany: Available evidence on effectiveness and implementation

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Project aim

The aim of this study is to identify health promotion programmes for physical activity, healthy diet, mental health, social/emotional skills, sun/heat protection and protection against infectious diseases for children aged 0-6 years in early childhood education and care (ECEC) centres in Germany. After programme identification, all available information on their development, including intervention development theories and behaviour change techniques applied, as well as the involvement of support and delivery system actors and target groups, will be collected. Furthermore, all available results on their effectiveness and implementation, including those on implementation strategies, determinants and outcomes, will be compiled.

Setting

We are focusing on primary prevention programmes for healthy children and children with disabilities (e.g. vision impairment, deaf or hard of hearing, intellectual disability, physical disability) that are implemented in ECEC centres (e.g. nurseries, kindergartens, pre-schools) in Germany and delivered by pedagogical staff (e.g. kindergarten teacher) or external agents.

Method(s) / Approach

We are using three approaches to identify prevention programmes. In April/May 2024, we conducted an online survey in ECEC centres in south-west Germany, asking centre directors about programmes they are aware of. In addition, a systematic review in peer-reviewed journals and grey literature databases (CRD42024599515) is being conducted. Furthermore, a search of websites of relevant German health and environmental organisations/agencies, health insurance companies and providers of ECEC centres is being done. Next, all published and internal (available on request) studies, documents and reports will be analysed to compile information on programme development and evidence of effectiveness and implementation.

Key insights

Through the online survey, the systematic review (prior to data extraction) and targeted internet searches, we have so far been able to identify almost 170 prevention programmes that are being implemented either at regional or national level in Germany. Despite offering a free certified training course for childcare professionals (incentive) for taking part in the survey, the response rate was only 3.27% (n = 236). Preliminary findings suggest that very few prevention programmes are based on established theoretical frameworks, supported by evidence of effectiveness, and designed with consideration of implementation science principles to ensure they are practical, impactful, and sustainable.

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The potential of qualitative type-building for understanding complexity in implementation processes and guiding in-depth analyses: the case of implementing an oncological supportive care concept

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Project aim

Capturing patients' experiences is crucial to understanding the implementation process and gaining an insider's perspective. Qualitative data provides deep insights into this process, with methods like qualitative content analysis (QCA) being frequently used. However, approaches such as the development of typologies that can build on QCA and further increase the explanatory power of the results are less common. Therefore, the aim of this study is to develop patient types and to explore the potential of the method for implementation research and practice using the example of the implementation of an oncological supportive care concept.

Setting

The research is grounded in the OnCoPaTh ("OncoCoaching and Early Palliative Care as Patient-Centered Care Elements in the Treatment of Advanced Cancer") project. OnCoPaTh is a new care model funded by the German Federal Joint Committee, which was implemented in oncology facilities in Germany during the study period (2020–2024).

Method(s) / Approach

A total of 37 interview transcripts were analyzed from a purposively selected sample (based on gender, age and type of facility) of intervention group patients. As part of the project's process evaluation, semi-structured telephone interviews were conducted at three time points (approximately six months between the interviews). The analysis of the data material and formation of types was carried out using three analytical steps, following Kuckartz's methodology. Initially, a structuring QCA was conducted, which established the foundation for the subsequent evaluative QCA. Type-building QCA was performed in the third step, based on the findings from the two preceding steps.

Key insights

Thorough preparation, e.g. by conducting structuring and evaluative QCA, is pivotal for building types and transparency. A broad, criterion-based sample is essential for deriving reasonable types, yet purposeful sampling alone does not guarantee distinct type definition and distinguishability. The fundamental idea of developing types is the delineation of groups based on pertinent criteria and to reduce complexity. The method can be used to guide evaluation or planning of the implementation process. It also helps to identify types not fully reached by the intervention after the first cycles of implementation, thus promoting the tailoring of interventions through adaptations to emerging needs.

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Economic evaluation in implementation initiatives to improve HIV prevention, screening and treatment: a systematic review

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Research aim

Achieving the UNAIDS 95-95-95 targets is key to ending HIV infections by 2030, and economic evaluations of implementation interventions can support efficient resource allocation to achieve these global targets. This study aims to synthesise evidence from economic evaluations of implementation strategies to enhance HIV testing, prevention, and treatment.

Setting

Most studies were conducted in Sub-Saharan Africa (59%) and North America (32%). Half employed community-based interventions, and half were set up in clinics, schools, and hospitals. Most targeted high-risk groups (64%), like men who have sex with men (23%) and seropositive patients (18%), while 36% aimed at general populations.

Method(s)

A systematic search was conducted from 1981 to July 2024 on MEDLINE, Embase, LILACS, PsycINFO, EconLit, and Web of Science databases to identify economic evaluations in implementation studies to increase the uptake of HIV-related interventions. Eligible papers performed partial or full economic evaluations of these initiatives. Three reviewers independently assessed papers for eligibility. A narrative synthesis without meta-analysis following the SwiM guideline and a quality assessment following the Drummond checklist were conducted.

Key finding(s)

Out of 4,199 screened, 22 studies were included. Initiatives aimed at increasing HIV screening (50%), prevention (23%) and treatment (18%), or a combination of aims (9%). Most studies (77%) conducted partial economic evaluations. Implementation costs vary across settings from £1 to £12,000 per person engaged (2024 prices), with higher costs not necessarily translating to higher engagement. Five studies included full economic evaluations using differing methodologies and were assessed as having good methodological quality. Prevention (n=3) and screening (n=1) claimed cost-effectiveness, while treatment (n=1) did not.

Discussion

This review highlighted methodological heterogeneity and limited studies that perform a complete economic analysis of implementation initiatives for HIV response. First, there were inconsistencies between studies in cost categorisation. There is no consensus on whether treatment costs should be included in the cost analysis. How can we standardise and improve the costing report? Second, most studies were limited to cost analysis; only one-quarter performed a complete economic evaluation, using different methods and limiting cost-effectiveness comparison. It is inconclusive whether treatment interventions are less cost-effective than prevention and screening. Can we standardise economic evaluation methods to allow comparison between initiatives?

Challenges

Due to differences in implementation cost categorisation between articles, we reclassified each cost following the ImpRes guideline as either start-up or delivery costs and excluded treatment costs. Additionally, we divide implementation costs by population reach to allow an estimated comparison between the diversity of settings found in the included studies.

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Implementing participatory research with parents in neonatal care: The Care PartIES project

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Research aim

The citizen science project Care PartIES aimed at a higher involvement of parents in clinical neonatal research. We investigated research questions and clinical outcomes that are of interest to parents as well as parameters for the implementation of parental involvement in clinical research projects.

Setting

Care PartIES primarily related to the neonatal intensive care setting. It focused on the perspective of veteran parents, whose children were previously treated in neonatal intensive care, on clinical neonatal research.

Method(s)

The project was a collaboration between the University of Zurich and the organisation "Frühchen Schweiz" ("Premature Babies Switzerland"). We held a four-part workshop series with ten veteran parents, who took on the role of citizen scientists. In these workshops, we identified (1) advantages and challenges of parents being involved in clinical neonatal research, (2) research questions and (3) clinical outcomes relevant to parents as well as (4) parameters for the involvement of parents in clinical research projects. We analyzed the results of our workshops in qualitative thematic analyses and conducted a summative evaluation of our collaboration process with citizen scientists.

Key finding(s)

In terms of research questions and clinical outcomes relevant to parents, citizen scientists set a different focus than what is typically found in the literature on clinical neonatal research. For example, they named outcomes that relate to the long-term development of preterm born children rather than short-term clinical outcomes. Citizen scientists also addressed the physical and mental health of parents in the neonatal intensive care setting. Regarding parental involvement in research, they named a number of important parameters for implementing participatory projects, for example, with regard to favorable timing and building a trusting cooperation.

Discussion

The Care PartIES project showed us that the parents’ perspective should no longer be overlooked in clinical neonatal research. They not only represent the interests of their children, but also draw attention to the highly relevant topic of parental health in the neonatal intensive care setting. Moreover, citizen scientists described their participation in research as an empowering experience in a vulnerable situation.

Which factors contribute to empowerment of all parties in a research team when there are power inequities, as is the case for healthcare professionals and parents? Which factors contribute to the building of trust in such a team?

Challenges

A challenge and a goal of our project was creating accessible opportunities for parents to engage as equal partners. Collaborating with an experienced citizen organisation was invaluable here. Through offering childcare and a blend of virtual and in-person meetings, we ensured that all parents could participate fully throughout the project.

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Designing implementation strategies to promote cardiovascular disease risk screening in Singapore: a participatory approach

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Project aim

Screening for cardiovascular disease (CVD) risk factors is crucial for early detection and prevention of CVD. Despite nationwide efforts, population screening uptake for CVD risk factors, namely type 2 diabetes mellitus, hypertension and hypercholesterolemia, remains low in Singapore. This project aims to establish an inclusive environment by incorporating the perspectives of different stakeholder groups in the co-development of evidence-based and tailored implementation strategies that promote CVD screening uptake. These stakeholders include representatives involved in planning or developing screening programmes (implementors), providing (providers) and utilizing screening initiatives (residents).

Setting

This research is relevant to the healthcare sector. It focuses on community and clinical settings.

Method(s) / Approach

We review global peer-reviewed literature and national reports to identify evidence-based implementation strategies; and conduct qualitative interviews and workshops to tailor these to the Singaporean context. Throughout this process, we utilize a participatory approach to incorporate diverse stakeholders' perspectives. Implementors and providers are invited to regular discussions to share feedback on study findings and their expertise on screening. Grassroot leaders and resident champions are invited to Resident Advisory Committees (RACs) to coordinate and sustain community-research partnerships. The RACs share knowledge of their community, co-develop interview guides and recruitment materials. Stakeholders' inputs are iteratively triangulated with study findings for holistic understanding.

Key insights

Collaborating with stakeholders helps us understand the gaps between scientific and practical knowledge, and the complexities of the local context. Communication with stakeholders who are operations-oriented requires translation of research knowledge into actionable steps. As participatory approaches are relatively novel in the Singaporean context, we encounter lack of readiness for community-research partnerships. This is amplified by Asian cultural norms such as high-power distance. Among professional partners, we observe hesitations in power-sharing, while among community members, there are tendencies to follow expert opinions in the presence of scientific experts. We are learning to navigate these nuances while working within limited resources.

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How a novel UK-wide approach to implementing evidence in adult care is using different types of scaling to influence practice and policy

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Research aim

IMPACT is a UK-wide centre for implementing evidence in adult care made up of three delivery models and involving academics, lived experience, and policy/practice partners. Core to IMPACT's work is 'National Embedding', building what we learn from lived experience, practice knowledge, and research findings into national policy/practice.

Setting

The presentation will highlight IMPACT's strategic embedding work internally and externally, mainly with the public sector such as devolved national governments and local authorities responsible for adult social care.

Method(s)

Scaling science will be used to trace what and why different types of scaling (e.g., up, out, in) have been used to translate and mobilise the three types of evidence IMPACT projects work with, that span five thematic areas including prevention, workforce, and service integration.

Key finding(s)

Scaling is 'a problem of more' if we don't consider what is optimal scale. IMPACT has increased the number of projects (scaling-up); however, remains unknown what is optimal scale for the centre for getting evidence used in practice/policy.

Scaling-up requires standardisation/simplification to integrate the evidence we work with across service settings and topics (scaling-in). Consequently, we have needed to show IMPACT as being 'greater than the sum of its parts'.

Efforts to replicate good practices (scaling-out) requires considering scalability considerations for others to accept/adopt them in different contexts. Successful and unsuccessful examples will be shared at conference.

Discussion

How are others using scaling science such as principles and practices like optimal scale and scalability assessments in their research, development, and implementation work?

How could the implementation of evidence in care - including lived experience, practice knowledge, and research findings - better use different types of scaling as way to bridge the gap between what we know works and what we do in practice (i.e. know-do gap)?

Challenges

IMPACT has grown in scale and scope. Hence, National Embedding focus has change to make use of limited resources. Trying to ensure we work on high value activities that have the best chances of being implemented in policy/practice, while not being absent to support projects with poorer embedding prospects.

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Exploring Discrepancies between Protocols and Published Scoping Reviews in Implementation Science

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Project aim

Scoping reviews are commonly used in implementation science to map the literature and identify research gaps. Although discrepancies are common between systematic reviews and their preregistered protocols (Tricco et al., 2016; Koensgen et al., 2019) it is unclear to what extent such discrepancies exist for scoping reviews. Scoping reviews' more flexible and iterative methodology may make them more likely to deviate from pre-planned approaches, compared with other review designs, which may compromise the trustworthiness of findings.

This study will examine the rates, extent, nature and justifications of discrepancies between scoping reviews and their protocols within the field of implementation science.

Setting

The study will consider scoping reviews published in five key journals related to implementation science. Included reviews may focus on any sector or setting.

Method(s) / Approach

A meta-scientific study of scoping reviews is in progress. Reviews will be gathered from the journals Implementation Science, Implementation Research and Practice, Implementation Science Communications, JBI Evidence Implementation, and BMJ Quality and Safety. Those with available protocols will be assessed for discrepancies between their protocol and final review. The data extraction tool is informed by guidelines for conducting and reporting scoping reviews. Design and methodological details will be extracted and data will be coded to ascertain the number and extent of the changes (e.g. major vs. minor), the type of discrepancy, and any acknowledgement or justification reported for these changes.

Key insights

This study will improve our understanding of the extent and nature of such discrepancies in scoping reviews, the reasons for such changes, and how they are currently reported. Findings may inform guidance for researchers conducting and reporting scoping reviews, including guidance for planning and writing review protocols, enabling them to better anticipate and mitigate common challenges.

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Virtual darkness as treatment for agitation in people with dementia: Complex interplays between intervention, socio-cultural context and implementation

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Project aim

The project aims to explore the interplay between the intervention in an ongoing RCT-study, the implementation and the socio-cultural context it's implemented in. The intervention applies virtual darkness as treatment for agitation in people with dementia. Virtual darkness involves reducing blue light and light intensity in nighttime. While darkness affects us biologically, it also has socio-cultural dimensions. How we experience darkness depends on i.e. knowledge, values and conceptions. These elements affect, and are affected by, the intervention and the implementation. The project pursues increasing our knowledge about how the complex relations between the three domains can play out.

Setting

The virtual darkness treatment is implemented in a specialized psychiatric geriatric hospital in Norway. The care worker to patient ratio is relatively high. The ward is newly renovated with new technology to facilitate and control the light.

Method(s) / Approach

Data is collected through focus group interviews with employees and leaders in the ward. This enables exploring socio-cultural dynamics and the implementation process. The interviews are conducted over time throughout the project period, allowing us to continuously explore how changes in our own, and participants prejudices and understanding evolve. A hermeneutic approach is chosen as methodology. The open attitude in hermeneutics can reveal contextual factors and interactions not yet studied and is a well-suited interpretation strategy to study complex interactions.

Key insights

A part of the project is exploring how much complexity it's possible to include in one study. The socio-cultural dimensions of darkness are not well known. So far it seems like the confidence in darkness as therapy is high, and that this has a positive impact on the implementation. The interviews done so far have revealed that the virtual darkness (intervention) together with values and knowledge (context and implementation) changes the participants' behaviour (implementation and intervention), which affects the intervention mechanisms in a non-linear fashion. It's yet to figure out what model(s) or framework will best show the interactions.

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Knowledge Exchange Event for Implementation Scientists and Health Systems Designers to Strengthen Research Funding Applications

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Research aim

Our knowledge exchange event brought together researchers in implementation science and health systems design to discuss how we integrate context-based methods into funding applications. Through the discussions, we aimed to define current issues and ideas for possible improvements to the funding system.

Setting

The knowledge exchange event was held at the University of Cambridge in October 2024. It included UK-based researchers from the fields of implementation science and health systems design, in addition to members of the Research Support Service (RSS) and representatives of UK research funding bodies, NIHR and UKRI.

Method(s)

Co-author AS initiated the event to tackle the challenges with conducting context-based health and care research, convening a coordinating committee comprising of experts in implementation science and health systems design research. We held two one-hour online co-design sessions to define the event's aims and structure. The 1-day knowledge exchange began with a problem statement from AS. The event consisted of three steps: exploring and selecting problems, ideating and selecting solutions, and refining solutions. Each step was conducted in three mixed-specialty groups, guided by visual canvases and a facilitator. Data was collected through audio recordings and images of the completed canvases.

Key finding(s)

The co-design sessions included two researchers per discipline. Co-author AS articulated her problem. Participants called for a shared problem description, suggesting focus on research funders´ roles, and recommended inviting them to the event. 14 UK-based researchers, three RSS, and two funding body representatives attended the knowledge exchange event. The identified problems related to terminology, evaluating system change, how to engage experts-by-experience, the funding process, what methods to use, and the expertise necessary. The solutions focused primarily on fostering collaboration, reshaping the metrics for evaluating funding proposals, and reshaping the MRC framework to suit lasting change better.

Discussion

The event brought together research advisors, funders, and two research fields that often have similar goals but different ways of reaching them. Both fields wanted change within the funding system and did not feel recognized enough by the UK funding system. Both fields want the system to fund lasting change and the development of implementable solutions. Differences between the fields sparked questions about mutual learning, with health systems design seen as more participatory and iterative and implementation science as more rigorous. Discursive points: how can funding bodies support the implementation of new interventions? Who is responsible for evaluating implementation?

Challenges

Preparation for the event was unfunded. Finding a convenient date and identifying academics working in implementation science was a challenge. There was enthusiasm to pursue the ideas discussed during the event, the challenge will be maintaining this enthusiasm and finding time and resource to develop the ideas further.

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Participatory approaches in population health research: Conceptual overview of reviews and application to Asian settings

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Research aim

This overview of reviews aims to synthesize the core components of participatory approaches used in population health research, and outline the principles and methodologies guiding stakeholder participation in the development and implementation of population health services, interventions and programmes.

Setting

This overview of reviews will focus on participatory approaches used in population health research within health, social care, community, and education settings.

Method(s)

Rapid overview of reviews, including evidence synthesis studies that describe participatory approaches for the development or implementation of a health, social, school or community-based intervention. The search was conducted in Medline, Embase, PsycInfo, CINAHL, ERIC and Web of Science, from 2014 to May 2024. A team of 5 reviewers conducted 20% of the screening and data extraction in parallel, and individually afterwards. Extracted data were analysed using qualitative data analysis methods. All reviewers met regularly to refine the themes and subthemes. The analysis was organized in three broad themes: participatory methodology, stakeholder involvement and principles of participatory approaches.

Key finding(s)

Thirty-two studies are included in the review, which reported a wide variety of participatory approaches, most commonly community-based participatory research (CBPR). 17/32 studies described the methodology of participatory approaches, reporting between 2-10 steps undertaken with stakeholders. Qualitative research methods were most commonly used. Stakeholders were mainly involved in the design and evaluation of interventions or services, and they primarily provided feedback, or were actively involved in the design and implementation processes. The principles guiding the reported participatory approaches included shared power, respect, recognizing stakeholders' expertise, equitable engagement of diverse stakeholders, co-learning and capacity building during the participatory process.

Discussion

- This overview highlighted over 20 different participatory approaches. However, their methodology largely overlaps, with most methods describing similar number of steps with similar objectives and research methodology. What are the implications for participatory research and design? Could these diverse methods converge in one, overarching participatory approach?
- Most of the reviews included in this overview were conducted in Western high-income countries. What challenges might arise when applying the principles or methodology for participatory approaches to non-Western settings? How can these methodologies be thoughtfully contextualised and adapted to align with the cultural, social, and systemic nuances of these settings?

Challenges

The reviews included in this overview presented mainly qualitative or narrative syntheses, resulting in widely heterogeneous data to analyse and consolidate in a strong, coherent report. We used qualitative methodology to code and synthesize the data, merging scientific rigour and pragmatism in the analysis.

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Implementation of the Smoke- and Nicotine-Free School Hours Policy in Danish Educational Institutions: A Mixed-Methods Study

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Project aim

This project aims to explore the implementation of the national smoke- and nicotine-free school hours policy in preparatory educational and vocational schools in Denmark. Given the lack of clear guidelines, and the limited knowledge surrounding its implementation, the project first examines policy subsystems, the varying belief systems of stakeholders and determinants of the policy implementation. By understanding these perspectives, we will co-develop tailored implementation plans with selected local institutions, which will then be tested to identify effective strategies. The goal is to provide actionable recommendations for the successful, sustainable implementation of tobacco and nicotine policies in educational settings for youth.

Setting

The project specifically targets vocational schools and preparatory educational institutions, which serve 15-25-year-olds who need support in transitioning to further education or employment. These institutions have the highest prevalence of smoking and nicotine product use in Denmark, with many students smoking and using nicotine products during school hours.

Method(s) / Approach

We employ a mixed-methods approach throughout the project. Study 1 integrates a national survey of school managers and teachers with qualitative interviews with key stakeholders, applying the Advocacy Coalition Framework to analyze implementation processes, policy subsystems, belief systems and determinants. Study 2 facilitates co-creation workshops with school staff to design tailored, context-specific implementation plans at six selected schools. Study 3 utilizes realist evaluation to assess these plans, combining surveys and interviews to identify context-mechanism-outcome configurations. The integration of quantitative and qualitative methods provides a comprehensive understanding of the implementation plans' mechanisms and outcomes.

Key insights

This project will generate insights into the challenges and opportunities of implementing a comprehensive tobacco- and nicotine-free school legislation in educational settings with high prevalence of nicotine use. By analyzing belief systems and policy subsystems, we aim to identify factors driving or hindering the implementation. Co-creation workshops are expected to reveal practical, context-specific strategies for improving adherence. Realist evaluation will provide insights into what works, for whom, and under what circumstances. Ultimately, this research seeks to uncover pathways to successful, sustainable implementation of comprehensive school tobacco control policies while learning from barriers and facilitators to inform future policy implementation initiatives.

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Creating societal impact with research on end-of-life care using Theory of Change

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Research aim

How can the potential of the Theory of Change framework be leveraged to connect research, practice, and policy in pallatieve care and create a solid narrative for societal change that includes key societal challenges such as unequal access to palliative care and rising demand for such services?

Setting

I will take the case of the End-of-Life Care Research Group from Belgium, more specifically the research project 'CONNECT', which focusses on improving social connection at the end-of-life. This project includes not only diverse stakeholders, but also diverse settings - including nursing homes, neighbourhoods and municipalities, and policy-making in Flanders.

Method(s)

In the CONNECT-project, we work with over 50 societal stakeholders to co-create a robust and widely endorsed Theory of Change. Using participatory and engaging methods, we craft meaningful societal change goals and actionable implementation strategies tailored to a multi-stakeholder, multi-setting context. This involves coalition-building, harmonizing diverse interests, and navigating trade-offs. Anchored in ethical values such as integrity, transparency, and equity, our Theory of Change ensures that our efforts achieve their objectives while upholding principles of deontology and social justice.

Key finding(s)

Insights from the CONNECT project's participatory stakeholder engagement reveal that the Theory of Change approach effectively establishes a shared narrative around societal impact within a multi-stakeholder coalition. Key prerequisites include implementing effective communication strategies and employing co-creative methods that foster a sense of ownership. Meeting these conditions enables the participatory design of desired societal change objectives and the development of targeted implementation interventions to achieve them. The outcome is an evidence-based framework that links actions to outputs, outcomes, and broader impacts, ensuring efforts are both measurable and meaningful.

Discussion

- **Balancing Diverse Interests:** How can we effectively navigate the diverse interests of stakeholders in a multi-setting, multi-stakeholder context while ensuring alignment with ethical values and social justice principles?
- **Ensuring Meaningful Participation:** What strategies can be employed to foster genuine ownership and engagement among stakeholders, ensuring that co-creative methods lead to actionable and impactful societal change goals?

Challenges

A key challenge of the CONNECT project lies in the complexity of the societal changes it aims to achieve: these changes are multi-stakeholder, multi-setting, and often non-linear. Overcoming this challenge requires translating these complexities into a clear and widely supported Theory of Change, supported by engaging participatory methods.

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Electronic signposting to cancer prevention interventions: a realist review

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Research aim

To review the literature and develop a programme theory on the use of electronic signposting (e.g. text-message) to improve the uptake of interventions that prevent cancer and cancer disparities. We will use a realist approach to understand the contexts and mechanisms of action which influence the implementation of electronic signposting.

Setting

Any healthcare or community setting with electronic health records used to identify patients and signpost them to cancer prevention interventions that support: weight management; alcohol reduction; smoking cessation; physical activity; sun safety; hepatitis B or human papillomavirus vaccines; or routine cancer screening services.

Method(s)

The review protocol is registered on Prospero (CRD42024586907) and has been submitted for publication. Our realist review will develop a theoretical understanding of the interaction between context, mechanisms of change and outcomes to explain conditional causality. We have searched Medline, EMBASE, CINAHL, Scopus, PsycINFO, ERIC and AMED databases and the grey literature. We will extract context-mechanism-outcome configurations and textual data on study characteristics, methods of electronic signposting and theoretical underpinning. Realist synthesis will be used to compare and contrast studies to determine patterns in the data to determine what works, for whom, in what circumstances and how.

Key finding(s)

We have developed an initial programme theory with expert and patient input, which has shaped our search strategy. The database searches have identified 3,514 unique citations. Screening of titles and abstracts is complete with 40% assessed independently in duplicate. We will now assess studies for full text inclusion and determine study quality based on relevance, richness and rigour. We will present findings of data extraction and our refined programme theory of how electronic signposting, using electronic health records, can be optimised as an implementation strategy for interventions that prevent cancer. Reporting will follow RAMESES I guidance.

Discussion

Implementing evidence-based interventions for cancer prevention is a recognised health priority. Electronic signposting, using electronic health records, may help reduce cancer and cancer disparities in a cost-effective manner, by targeting at-risk groups, but this approach is understudied. Implementation failures are common for digital healthcare interventions. Our study will advance a programme theory to understand the complexity of implementing electronic signposting in real-world settings. This will generate new knowledge for cancer prevention interventions which may result in health benefits to patients, healthcare and to wider public health. Questions to debate are likely context, mechanisms and outcomes; and development of programme theory.

Challenges

Early challenges were to develop an initial programme theory balancing the literature and expert and patient input. A realist review takes an iterative approach and a likely challenge will be to maintain focus for study inclusion and data extraction, ultimately to develop a refined programme theory.

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Development of family support through co-design of a partnership model for health promotion and early treatment of obesity

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Project aim

In this study we will co-design a coherent model of family support for health promotion and early treatment of overweight and obesity for families with children 6-12 years. Co-design involves a collaborative process between researchers, stakeholders and recipients. This enables knowledge mobilization from professional and lived experience which creates an increased understanding of the problem and collective ownership over a tailored solution. Co-design increases the likelihood that the solution will be acceptable and integrated into routine practice. The aim of this study is to describe the process of co-design and to explore experiences of participating in co-design workshops.

Setting

The study is conducted in a Swedish municipality with higher health needs. Participating stakeholders are school and primary health care and specialist clinics who meet children with overweight and/or obesity. The recipients are parents and children with overweight/obesity.

Method(s) / Approach

The process is guided by the EPIS framework. The Exploration phase involved meetings with stakeholders identifying the need for the model, including the two evidence-based programs on which the model is based. In the Preparation phase, researchers, health care personnel and recipients co-design the model through a series of workshops while aiming to decrease power imbalances. Workshop goals are to identify barriers and facilitators to provide/receive support for children´s overweight/obesity, identify relevant implementation strategies and anchoring the model. During the Implementation phase an RCT will be conducted, and the Evaluation will include quantitative, qualitative and mixed methods.

Key insights

Insights will be presented on:

- How to balance the input and influence of stakeholders, recipients and researchers to ensure that stakeholders and recipients have shared decision-making power as well as ethical considerations regarding the co-design process.
- Stakeholders and recipients’ experiences of participating in workshops and if they felt meaningfully engaged during the process.
- The full programme theory including intervention components, implementation strategies and outcomes at individual and organisational level.

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Undertaking trials of complex Interventions for older people in the UK: a systematic overview of process evaluation methods

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Research aim

This systematic methods overview (SMO) aimed to synthesise the methods applied in a sample of process evaluations (PE) of trials evaluating complex interventions, to explore whether PE findings could help explain trial intervention effects and guide subsequent implementation of effective interventions.

Setting

We synthesised data from trials funded by the UK National Institute of Health and Care Research (NIHR) evaluating complex health interventions for older people across any healthcare setting. The NIHR journal library repository provided the sampling frame.

Method(s)

An SMO was conducted. Eligible studies included NIHR-funded trials evaluating complex interventions for older adults (mean age ≥65), funded between inception and 2023, excluding drug trials. Data on whether PE was undertaken (yes/no) and the type of PE methods employed was extracted using a predefined framework (derived from MRC PE guidance 2015) including: intervention: fidelity, mechanism of action and context. Data extraction in 10% of studies was double-checked for quality assurance.

Key finding(s)

Of 51 eligible trials, 46 had an associated PE. Most PEs were included in NIHR reports, but inconsistent terminology (21 different labels) posed challenges during extraction. Methodologies varied, with over half not using any framework to guide their PE. Over half of the PEs examined all three domains of intervention fidelity, mechanism of action and context, with mechanisms of action most frequently explored. Variability in focus within each domain revealed emerging patterns. Ongoing analysis will explore how these findings relate to intervention effectiveness and identify lessons for future intervention design and implementation of effective interventions.

Discussion

- Q1. How useful are PEs conducted alongside trials of complex interventions for older people in highlighting lessons for future intervention design?
- Q2. How useful are PEs in guiding the subsequent implementation of effective interventions?

Challenges

Inconsistent terminology and a lack of standardised frameworks highlight challenges in data extraction and reporting in PEs.

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System Mapping for the Integration of Electronic Signposting (e-Signposting) into the Weight Management Service Landscape

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Project aim

Almost two-thirds of adults are estimated to be living with overweight or obesity in the United Kingdom, contributing to cancer incidence and presenting major public health challenges. While behaviour change interventions effectively support healthier lifestyles and weight management—beneficial for cancer prevention—their uptake remains low. Electronic signposting (e-Signposting) through text messaging can enhance access to these interventions. Given the complexity of the weight management system, it is important to understand how e-Signposting can be optimally integrated to improve service delivery and patient outcomes. This study aims to document the existing weight management landscape to inform this integration.

Setting

This research pertains to the public health sector, specifically the Tier 2 weight management system delivered in the East of England (Norfolk, Suffolk, and North-East Essex). Systems mapping will visualise and analyse the relationships among various stakeholders within the system, including healthcare professionals, service providers and commissioners, alongside service incentives.

Method(s) / Approach

This research employs a multi-method systems approach, integrating systems mapping with insights from structured questionnaires and qualitative interviews with stakeholders. An online questionnaire will collect detailed information onthe Tier 2 weight management system, including available services, referral routes, incentives, and interrelations among entities. Insights from the questionnaire will inform the development of an initial draft systems map, which will be refined for accuracy and comprehensiveness through follow-up interviews with stakeholders. These interviews will validate the map and explore strategies to optimise the integration of e-Signposting while assessing potential unintended consequences of its implementation within the system.

Key insights

e-Signposting can enhance the reach of behaviour change interventions for cancer prevention, such as smoking and alcohol reduction. However, its successful application to weight management support depends on its integration within the existing system. The findings from this research will provide a comprehensive understanding of the broader weight management landscape into which e-Signposting will be introduced. This understanding will facilitate an assessment of its potential fit within the system, optimising integration while minimising unintended consequences. These insights will support the development of a more cohesive and effective approach to improving the uptake of weight management services, and ultimately cancer prevention.

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Ireland's Youth Justice Strategy 2021-2027 Implementation Research

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Research aim

The Youth Justice Strategy 2021-2027 implementation research investigates how a published strategy can more effectively facilitate the implementation of youth justice policy goals. The study aims to generate ideas on how to prepare a strategy document that can effectively guide implementation.

Setting

This collaborative research between REPPP at the University of Limerick and the Department of Justice (Ireland) focuses on the justice sector, specifically youth justice programmes, policy implementation, and community-based interventions. The findings aim to enhance the effectiveness and efficiency of youth justice initiatives at the local level.

Method(s)

Utilising a mixed-methods approach, the study incorporates the use of generative AI and interrater outputs to extract keywords that represent essential key messages, and the most significant projects embedded in the Strategy, and surveys with senior youth justice oversight groups. To examine how the Strategy has 'landed' with the implementers and beneficiaries at the local levels, semi-structured interviews with young people and frontline professionals, and focus groups with young people are conducted.

Key finding(s)

The datasets have been imported into NVivo, and the comprehensive coding and analysis are already underway. This detailed examination facilitates the identification of key themes and patterns, which will shape the publication and dissemination of the study findings report.

Discussion

- What local barriers have you encountered in implementing youth justice programmes, and what evidence-based solutions have proven effective?
- How can we better incorporate local community insights to ensure youth justice interventions meet the diverse needs of young people?

Challenges

Engaging and recruiting stakeholders, such as senior policymakers, statutory and community organisations, and young people, has been time-consuming and complex. Obtaining mandatory additional ethics approvals involved navigating bureaucratic procedures and meeting stringent standards, delaying the research timeline. Fieldwork guides helped in the facilitation of the processes in the local areas.

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Social Policy Implementation - Do we know what works?

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Research aim

To explore the complexity and challenges of the policy journey from design to realising outcomes for communities, drawing on the experiences and insights of policy makers and policy implementers located in different contexts and sectors. The research will inform the development of resources to support delivery of 'implementable' social policy.

Setting

The project relates to social policy implementation across various sectors, including health, education, social work and justice. It involves policy developers and policy implementers located in government departments and statutory agencies in Ireland and Northern Ireland.

Method(s)

Qualitative interviews were convened with a purposive sample of policymakers and policy implementers in Ireland and Northern Ireland. The interviews contained a series of questions designed to support participants to reflect on their understanding of effective policy design and implementation and share their experiences of enablers and challenges in the policy implementation process. In order to 'test' the findings, the responses were considered through the lens of an integrated theoretical framework of the implementation process from a policy perspective, developed by Bullock et al (2021). MAXQDA was employed to support data coding and analysis.

Key finding(s)

Many factors - political, technical, cultural and behavioural, enable or inhibit the successful implementation of policy. Leadership, communication, the use of evidence and reporting mechanisms were amongst the issues identified by respondents as impacting on the effective implementation of policy and ultimately the realisation of outcomes. Additionally there is not a consensus around the extent to which policymakers see their role extending to implementation. The research revealed that evidence in relation to effective approaches and practice is seldom gathered or shared to inform or improve the policy implementation process and be embedded in everyday practice.

Discussion

- How can researchers and implementation specialists support government and statutory agencies in the design of implementation-ready policy when the resources which currently exist are not regularly used?
- How can policy designers and implementers be encouraged to think and work more collaboratively throughout the policy design and implementation process?

Challenges

One challenge centred around use of language: understanding the language of policy science, implementation science and policy practitioners. Through further desk-based research and continued engagement with policymakers, the team is testing language and testing our assumptions as to meaning, and refining terms developed by Bullock et al (2021).

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Understanding the Implementation of Trauma-Focused Cognitive Behavioural Therapy in Real-World Settings: Session Frequency and Treatment Dropout

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Project aim

Trauma-Focused Cognitive Behavioural Therapy (TF-CBT) is a well-established, evidence-based treatment for children and adolescents experiencing significant trauma-related symptoms following events such as abuse, violence, serious accidents, war, or terror. It is the recommended first-line treatment for traumatized children and youth. Despite its robust evidence base, challenges remain in optimizing the implementation of TF-CBT, particularly regarding fidelity and the recommended frequency of weekly sessions. This study explores the implementation of TF-CBT in real-world clinical settings, focusing on how the average number of weeks between sessions impacts treatment dropout.

Setting

The study uses data from an ongoing implementation project of TF-CBT in child and adolescent mental health services across Norway. TF-CBT is currently implemented in 74 of 85 child outpatient clinics across the country.

Method(s) / Approach

Therapists recorded detailed information for each treatment session, including session date, treatment phase, participant dropout, and posttraumatic stress symptoms (CATS-2) pretreatment. Linear mixed-effects models were used to calculate Odds Ratios.

Key insights

Preliminary results from 18,000 recorded sessions of 1419 participants reveal that the average number of days between sessions was 14 (SD = 6.92). Longer average time between sessions was significantly related to increased dropout odds (OR = 1.29, 95% CI = 1.14, 1.46). Higher posttraumatic stress symptom scores were also associated with increased odds of dropout (OR = 1.02, 95% CI = 1.00, 1.03). This research provides critical insights into the practical implementation of TF-CBT in routine clinical care. Findings inform strategies for improving therapy delivery and ensuring better access and adherence to evidence-based trauma care for children and adolescents.

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Translating research into practice: an investigation into the translation, adaption and implementation of Contingency Management into drug and alcohol treatment services in England

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Project aim

To explore the practical challenges associated with the implementation of Contingency Management (CM) in Drug & Alcohol treatment (D&A)services in England. Objectives: a) To determine the rates of use, characteristics and quality of CM programmes being implemented b) to assess how CM programmes have been adapted, translated and implemented into routine clinical practice c) To assess practitioner, commissioner and service user perspectives on the utility, effectiveness and feasibility of implementing CM in D&A services d) To assess the opportunities and scope for innovation and adaptation of evidence based CM interventions for wider implementation in D&A services.

Setting

Drug and Alcohol Services in England. The problematic use of D&A is a major public health priority. Evidence-based interventions (EBIs) exist to treat problematic D&A use however their implementation is often slow and complex, affecting the quality of treatments offered to services users.

Method(s) / Approach

CM involves providing a 'reward' (vouchers and verbal praise) to encourage behaviours which align with personal recovery (attending appointments, medication adherence, abstinence). Drawing on theories and frameworks from the field of Implementation Science, specifically the Context and Implementation of Complex Interventions framework, a multiple level, mixed-method research design has been utilised including: (1) a national survey of D&A providers to assess the rates of CM implementation; (2) a case study investigation in multiple D&A sites comprising of interviews, focus groups with professionals, service users and commissioners exploring their views on implementing CM and other EBIs in the Addictions.

Key insights

This PhD has identified a range of barriers and facilitators impacting the successful implementation of CM in services. This is essential evidence for further implementation studies in the D&A field. Findings will influence future research on how to increase the uptake of EBIs in the Addictions and optimise the implementation process. This will advance the scientific study of addiction and its treatment, and provide the basis for further work designed to affect positive change in service delivery, workforce development and the quality of treatments offered to people experiencing addiction.

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Feasibility and outcome of using tailored implementation with healthcare professionals to enable the implementation of an evidence and theory informed physical activity behaviour change intervention (Physical Activity Routines After Stroke - PARAS) for stroke survivors

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Research aim

To test the feasibility and outcome of using tailored implementation with healthcare professionals to enable the implementation of an evidence and theory-informed physical activity behaviour change intervention (Physical Activity Routines After Stroke PARAS) for stroke survivors.

Setting

The tailored implementation was delivered with healthcare professionals working in NHS stroke services in the UK. The stroke services included inpatients; early supported discharge; outpatients and domiciliary services. Eligible healthcare professionals worked in stroke and had expressed an interest in PARAS either via PARAS website membership or through training requests.

Method(s)

The tailored implementation was facilitated by the research team either online or face-to-face and included the following steps: 1) focus groups exploring determinants of practice to implementing PARAS in local settings; 2) Workshops designing an implementation plan to target determinants of practice including identification of implementation strategies and measures of success; 3) Tailored follow-up reviews. Focus groups, workshops and reviews were audio recorded and transcribed verbatim and these data were triangulated with results of an online feasibility and outcome questionnaire and thematically analysed. Potential implementation strategies were mapped against themes to enable the development of a theoretical tailored implementation intervention.

Key finding(s)

Implementation steps 1-3 were conducted separately with four teams. The facilitated tailored implementation was perceived as logical, interactive and helpful. Online delivery was acceptable. Feedback suggested examples of successful implementation plans would be useful. Implementation plans focused on PARAS training and patient delivery. Key strategies selected included: audit and feedback; promoting adaptability and identifying champions. Measures of success included PARAS training completion; PARAS use/success; confidence in PARAS delivery. All teams partially/fully achieved implementation plans. Four main themes were associated with feasibility/outcome of the process: motivation to implement PARAS; stakeholder engagement; leadership and planning; PARAS delivery skill acquisition.

Discussion

Within stroke services there are many competing priorities. Is it important to initially identify key priorities /motivations before working with a team on tailored implementation to enable the likelihood of success? Enabling stakeholder engagement across the stroke pathway was complex. How do we enable stakeholder engagement with complex multi-disciplinary teams where staff continually rotate to different services and leave?

Challenges

Some study participants were involved in the previous PARAS feasibility study. Their motivations for taking part in the study may have differed to others potentially influencing implementation success. Team member involvement changed across the process with some staff leaving / rotating into different areas making it difficult to capture outcome.

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SC-ImpRes: A practical guide to designing and conducting implementation research in social care

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Project aim

The integration of implementation science concepts and methods in social care research is not as advanced as in healthcare research. The aim of the project was to adapt the Implementation Science Research development (ImpRes) tool and supplementary guide, developed to support research teams to design high-quality implementation research in healthcare, to the social care context. Ultimately, we aim to support social care researchers to design high-quality implementation studies.

Setting

Social care

Method(s) / Approach

An expert advisory group that consisted of thirteen social care experts was recruited to review the ImpRes tool and supplementary guide and provided comments and suggestions about changes to ImpRes to increase its relevance and usability for social care researchers. Based on the feedback, and in an iterative manner, the research team made significant adaptations to the language, content and format of ImpRes.

Key insights

The resulting SC-ImpRes practical guide contains eight domains: Characteristics of The Thing Being Implemented, Your implementation study, Stakeholder engagement in implementation research, Implementation theories, models and frameworks, Implementation determinants, Implementation strategies, Outcomes of The Thing Being Implemented, and Implementation outcomes. The key changes to make the guide more relevant to implementation research conducted in social care included: clarifying the distinction between study of 'the thing being implemented' (e.g., an intervention) and study on its implementation; indicating flexibility in using implementation theories and research methods for the social care implementation research purposes, using more relevant language and including social care-related imagery.

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How do managers of residential disability services implement quality and safety regulations? A qualitative study

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Research aim

How do managers of residential disability services implement quality and safety regulations?

Setting

Residential disability services

Method(s)

We conducted semi-structured interviews with managers of residential disability services in Ireland. Participant recruitment followed a purposive maximum variation sampling approach. Interview data were analysed using a mixed deductive-inductive approach. The questions used for interviews were informed by a process of public-patient involvement and engagement.

Key finding(s)

Five parent themes described the implementation of regulations: managing organisational culture; putting the right structures and resources in place; putting the right processes in place; dealing with the outside world; managing the relationship with the regulator.

Discussion

- Regulation is a fact of life for many health and social care services, why is it that relatively little attention has been paid to its effective implementation?
- Howe can the various theories in the literature on regulation (i.e. how regulators encourage/coerce compliance in regulated organisations; and the fidelity with which those organisations implement regulatory requirements) inform thinking in implementation science?

Challenges

Engaging with people with intellectual disabilities for PPIE was challenging. There were difficulties in effectively communicating with people that may have limited capacity to understand complex information.

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Whole system approach to improve peripheral vascular assessments across the care pathway

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Research aim

To standardize vascular assessments and reduce variance throughout the health community services, ensuring appropriate assessment, diagnosis, and management in line with regional guidelines developed by Peripheral Arterial Disease Clinical Effectiveness Group (2022). this will be achieved by establishing duty of care on all stakeholders to ensure early recognition and response.

Setting

District, Community and Tissue Viability Nursing teams alongside podiatry, vascular surgery and academic partners (facilitating implementation practice and evaluation). This project is a collaboration between the major stakeholders involved in the management of patients requiring vascular assessments in Salford and the academic team now located at Keele University

Method(s)

A realist collaborative leadership approach. We implemented whole system stakeholder engagement activities:

- Increase access to resources
- Clinical champions established a collaborative network, maintained by engagement activities the design of which was underpinned by COM-B (Mitchie et al 2011), CFIR; (Damschroder et al 2010;2022) and collaborative leadership principles (Senge et al 2015; The Kings Fund 2024)
- Shadowing opportunities between HCPs across the care pathway
- Use of questionnaires to probe barriers, facilitators and strategically aligned intervention functions to co-design and monitor outcomes of improvement efforts
- Multidisciplinary focus groups supporting the launch and implementation of best practice guidelines

Key finding(s)

We developed in-depth understanding of contextual facilitators and barriers of implementation efforts towards improved vascular assessment services. Interventions are less successful when there is:

- Variation in collaborative leadership
- Low collaborative readiness
- Weak whole system relationship
- Competing workload/clinical priorities

Interventions are more successful when:

- There is readiness for change across leadership and stakeholders.
- Leadership promotes collective ownership
- Staff are supported with resources and tailored training
- Leadership is consistent and clear about priorities.

- Priorities are agreed across leadership, service providers and users.
- Professional autonomy is protected and role boundaries are dissolved.

Discussion

We are putting CFIR and COM-B to use in collaborative leadership style. i.e. we explicitly name these theories and tools and then facilitate stakeholders engagement with their use to design improvement efforts for themselves. We then use tools reflecting these frameworks to evaluate the outcomes. Do we use these tools ON people or WITH people? how do we layer underpinning ethos (e.g. collaborative leadership) with a process model (e.g. Knowledge to Action) with a tool (CFIR/COM-B)? Is it a risk to evaluate outcomes using the same tools we use to inform the intervention? How else might we do it?

Challenges

Throughout the process we encountered the following barriers:

- Release of staff to engage in training intervention
- Lack of availability of key equipment
- Difficulty engaging key clinical staff and senior stakeholders
- Difficulty recruiting backfill for the time to release project leads

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Implementation of an IPS-based supported employment intervention. A multi-perspective and mixed-methods research

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Project aim

This study examines the implementation of a supported employment intervention based on the IPS model originally developed for people with serious mental illness (Drake et al., 2012). The intervention studied is intended for individuals whose illness or disability has caused a significant deterioration in their ability to work or study. The study investigates the effectiveness and impact of the intervention, as well as clients' employment relationships, job roles, and the meaningfulness of their work. The study provides information on the adoption, adaptation, and implementation of the IPS-based intervention within the context of vocational rehabilitation for a novel target group.

Setting

The study is conducted in Finland, where the Social Insurance Institution (Kela) provides various rehabilitation interventions, as defined by law. The scrutinized rehabilitation intervention is executed by local service providers. Implementation of the intervention is guided by a service description, which define the features of intervention.

Method(s) / Approach

The research employs a mixed-methods design, collecting data from the perspectives of clients, coaches, and supervisors. The data collection strategy is guided by the Consolidated Framework for Implementation Research (CFIR). The data will be collected at various stages of the intervention process, with the objective of obtaining a comprehensive overview of the implementation of the intervention and the implementation determinants.

Key insights

Data collection for the study will commence in 2025, with preliminary results expected to be reported starting in 2026. We believe that the multi-perspective and mixed-methods research design will yield novel insights into the application of the IPS model, particularly for a new target group. Furthermore, we aim to enrich the application of the CFIR implementation research framework by incorporating a client-centered perspective.

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Implementing Integrative Nursing for Oncology Inpatients – A Mixed-Methods Evaluation of Feasibility and Patient Impact

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Project aim

Integrative nursing (IN) is a comprehensive approach that includes naturopathic external nursing interventions, such as compresses, rhythmic embrocations, therapeutic baths and washes. In the present project, IN is currently being implemented as a consultant service for oncology inpatients in the university medical centre, with patients in participating wards receiving IN interventions as supportive care during their hospital stay. The aim is to enhance patients' health and well-being, while fostering self-awareness. The research endeavour is twofold: firstly, to investigate the acceptance, feasibility and implementation conditions of the IN approach, and secondly, to evaluate perceptions and experiences from a multi-perspective viewpoint.

Setting

The present study is being conducted on six wards at the University Medical Centre Ulm, Germany. The IN consultation service is offered to oncology inpatients and is provided by nurses who have received training in complementary and integrative medicine.

Method(s) / Approach

The mixed-methods study employs a convergent parallel design, incorporating three distinct perspectives (patients, relatives, staff) with five interconnected sub-studies: a single-arm longitudinal survey and semi-structured interviews with patients, cross-sectional survey with patients' relatives, semi-structured interviews with nursing and medical staff, and project-related routine data. The qualitative data is analysed using a structuring qualitative content analysis according to Kuckartz and Rädiker. For the quantitative data, a descriptive analysis and exploratory inferential statistics are carried out. After the separate analysis of the sub-studies, the collected data is integrated using the Consolidated Framework for Implementation Research (CFIR) as a theoretical framework.

Key insights

A mixed-methods approach is necessary to facilitate a comprehensively mapping of the implementation process. The study provides an initial overview of the key characteristics and challenges associated with implementing IN in a university medical centre for inpatients. By summarising and classifying the results of the interconnected sub-studies using the CFIR, we hope to be able to establish meta-inferences and create guidelines for implementation. The study contributes to the future research strategy in the field of IN, as well as to the establishment of practical implementation in the inpatient context, thereby ensuring the attainment of meaningful and valid results.

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How deep should we dive in implementation science training? Elucidating the introductory knowledge and competence needs of attendees at the Irish Implementation Science Training Institute

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Project aim

Training opportunities for implementation science (IS) have increased over the last 10 years, including several well-established and focused initiatives that have been delivered and evaluated over time (particularly in the US and Canada). We sought to understand the knowledge and skills needs of trainees in Ireland where implementation science is a relatively small but growing field.

Setting

This research is part of an ongoing evaluation of the Irish Implementation Science Training Institute (ISTI) delivered in the Republic of Ireland. The programme is open to doctoral students, researchers, practitioners and managers/administrators undertaking implementation research or evaluation across health and social care and community settings.

Method(s) / Approach

ISTI is a blended programme comprising five asynchronous online modules and a three-day in-person summer school with lectures, small group work and project consultations. In 2024 ISTI was attended by 30 trainees. They were invited via email to complete a survey before they began modules online (n=25 responses). Trainees rated their level of skill across established implementation science competencies across four domains (definition, background, and rationale; theory and approaches; design & analysis; and practice considerations) and specified (from a list of options) what they hoped to gain from the training.

Key insights

All trainees wanted to learn about IS tools and approaches to apply to their projects (n=25, 100%), and 84% wanted guidance on measures and outcomes to use in their projects (n=21). At an introductory level, most participants were seeking to gain general IS knowledge (n=22). Our experience suggests some trainees want to learn about the potential for IS as part of broader projects within their discipline or topic, while others are hoping to develop skills as implementation researchers/practitioners. This information can be used to better tailor training for audiences with different levels of current and desired experience in IS.

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Mediators of Complex Intervention Fidelity: the Falls Management Exercise Programme (FaME)

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Research aim

When implementing multicomponent interventions, fidelity to the intervention and evidence base is key for reproducible outcomes. This study investigates the main influences on the implementation fidelity of the community-based Falls Management Exercise (FaME) falls prevention exercise classes in three different areas of England- Greater Manchester, Devon and the East Midlands.

Setting

FaME is a 24-week progressive community-based exercise programme involving weekly group exercise and unsupervised home-based exercises. Commissioning arrangements vary, with funding provided by public, private or third sector organisations. Similarly provision is a mixed economy of NHS, voluntary and community sector and public or private leisure services.

Method(s)

Ninety-four FaME classes were studied between 2021-23 using parallel qualitative-quantitative mixed-methods design. Data sources included interviews with FaME attendees (n=15), providers (n=15), and stakeholders (n=10), observations of FaME classes (n=21), field notes, and communities of practice recordings. Content analysis of qualitative data was undertaken utilising an inductive coding process. Quantitative data were analysed using descriptive statistics. Public involvement occurred at all stages of the project with 2 lay representatives as part of the study management team. A further seven members were involved in online workshops to gather feedback on participant-facing documentation, findings, and dissemination.

Key finding(s)

Triangulated data revealed varying degrees of fidelity to the FaME programme. Decisions about what to implement and how to deliver (component prioritisation) were mediated by factors grouped into three main themes: implementation mediators included economic pressures, FaME's alignment with organisational priorities and data/reporting requirements; delivery and outcome mediators included the degree of quality control and oversight and participant needs; and global mediators (that impacted both implementation and delivery decisions) included what was considered essential components and expert knowledge of FaME. This component prioritisation occurred throughout the implementation process and was often iterative.

Discussion

We present an initial programme theory that describes the importance of fidelity mediators in the continuum of adoption to implementation and delivery of FaME. Despite a recognised need for evidence-based falls prevention interventions, a complex array of contextual factors can affect programme fidelity. Unchecked by local monitoring and evaluation, this can lead to a continual migration of delivery away from the evidence base. Whilst this is a study of only 3 UK regions, they are geographically and demographically distinct and triangulated a rich array of data from different sources.

Challenges

The healthcare landscape in England is difficult to navigate due to the complexity of commissioning/ funding arrangements and the mixed delivery market with a range of providers. This creates challenges in establishing quality assurance measures and assuring consistent provision from area to area.

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Developing Sustainable Implementation Capacity in a Swedish Welfare Setting

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Project aim

Altough practitioners are well positioned to implement EBI, practitioners often lack capacity to plan and execute implementation. How to develop sustainable implementation capacity in practitioner organisations is currently unknown. To explore the longitudinal mechanism of capacity development, the BIC intervention, which aims to develop implementation capacity in organisational teams, was developed. The aim of the present project is to examine how the participating teams' contexts influence their possibility to continously apply the methods taught through the BIC intervention in implementation projects and to investigate how the BIC intervention influences organisational implementation capacity longitudinally.

Setting

The project is conducted in municipalities within Stockholm County. The municipalities are responsible for public services across sectors such as healthcare, wellfare, social care, police and traffic management. The BIC intervention is offered to teams within these organisations and a subset of these are included in the evalutation.

Method(s) / Approach

To understand how the context affects the continous application of the implementation methods taught in the intervention, individual interviews and focus-group discussions are used. The interviews are conducted at two time points: 6 months and 18 months post-intervention. To assess how the intervention influences organisational implementation capacity, the validated instrument S-NoMAD is used to assess the normalization of the implementation methods taught in the intervention. Quantitative measures are conducted at 6, 12, and 24 months post-intervention. Multilevel modelling is used to analyze the quantitative data. To analyze the qualitative data, abductive content analysis is used.

Key insights

The data is currently being collected and has not yet been analysed. Preliminary findings indicate that sustainable effects of implementation capacity development interventions may be possible to achieve to some extent under certain conditions. Leadership, mandate and accountability seem to be important factors for sustaining such effects. However, the data needs to be properly analyzed before any conclusions are drawn. By conducting this project, we hope to gain insight into how capacity development efforts should be designed to have sustainable effects and what contextual factors may be important to consider. We aim to present preliminary results during the conference.

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Practical implementation in elderly care: Experiences from health care personnel who have gained increased competence - A qualitative study

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Research aim

What are the experiences of municipal healthcare employees with competence-building measures in implementation?

Setting

The study participants were senior staff in elder care focused on implementing best practices. They attended a 10-day competence-building program on implementation at a national center, spanning two semesters (September 2022–May 2023), aimed at enhancing their knowledge and understanding of implementation processes through teaching and key topic engagement.

Method(s)

The study employs a qualitative design, using Eggebøs (2020) method, the “Collective Qualitative Analysis Model.” A semi-structured interview guide was developed and tested in two pilot interviews, which were subsequently refined. Out of a total of seven potential participants, five agreed to participate in individual in-depth interviews conducted 6–8 months after completing the training. Two of the authors conducted the interviews individually via Teams using the recording function. The interviews lasted between 17 and 50 minutes. After each interview, the interviewer wrote an initial impression/summary.

Key finding(s)

The following three main themes were identified:

- *Knowledge and maturation provide motivation:* Our study found that professional development in implementation increases motivation and understanding of the systematic work required to change practice. Project plans and assessment tools were highlighted as important tools in this process.
- *Priorities from healthcare leadership***:** Our informants stress that lasting change necessitates long-term follow-up and, importantly, strong leadership support. This support is a key factor in successful implementation.
- *From loneliness to fellowship***:** Our findings emphasize the value of working in teams with colleagues to reduce loneliness during the process of implementation.

Discussion

- How can we foster a sense of community and strengthen collaboration around implementation processes in healthcare services, ensuring that staff feel supported and less isolated?
- What strategies can be used to ensure that all staff in the service gain the necessary competence in implementation processes and feel ownership of the change efforts?

Challenges

In this study, some researchers had been involved in teaching the participants, which could create a bias if participants felt pressured to provide favorable responses. To address this, interviews were conducted by researchers who had not participated in the teaching program, ensuring a more neutral and unbiased data collection process.

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Transforming Patient Insights: Implementation of a Guideline for Interpreting the Patient-Reported Outcome Measures of the European Organisation for Research and Treatment of Cancer

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Project aim

Reliable interpretation of patient-reported outcome (PRO) data is essential for deriving clinically meaningful insights to inform patient care, research and policy making in oncology. Building on earlier phases of development, a guideline for interpreting EORTC PRO measures is being finalised, offering best practice recommendations tailored to researchers, healthcare professionals, and patients. In the implementation phase, public consultation is one key support strategy to ensure widespread adoption and relevance.

Setting

The guideline will serve multiple sectors (i.e., healthcare, pharmaceutical and regulatory sectors, patient support organisations) and settings (i.e., clinical care and trials, educational and training environments), with a primary focus on enhancing the interpretation and practical use of EORTC PRO measures in oncology clinical care, research, policy-making and patient engagement.

Method(s) / Approach

Guideline implementation follows a multi-phase approach informed by established frameworks, including the Interactive Systems Framework (ISF) for Dissemination and Implementation by Wandersman et al. (2018). Public consultations will be guided by ISF principles, ensuring a comprehensive approach to disseminating, adapting, and supporting the application of the guideline across diverse user groups. Concurrently, we are evaluating and selecting effective implementation strategies. Preparations include the development of accessible materials such as patient-friendly summaries and practical tools for clinicians and researchers. Dissemination pathways will involve consultation activities in structured workshops and surveys to solicit feedback from stakeholders, including patients, researchers, and policy makers.

Key insights

Preliminary consultations and stakeholder feedback have underscored the importance of tailoring recommendations to practical, real-world applications. Guided by the ISF framework, the consultation process and targeted implementation strategies aim to ensure the guideline's relevance, usability, and adoption across diverse stakeholders. Based on the insights gained from public consultation, future efforts will focus on the development of educational resources such as webinars, templates, and case studies to support guideline adoption.

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The implementation of reusable drapes and gowns in operating theatres: A mixed-methods analysis of data from 5230 peri-operative professionals in 134 countries

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Research aim

The aim of this mixed-methods study is to gain a deeper understanding of the implementation of reusable drapes and gowns across different contexts through applying the Consolidated Framework for Implementation Research (CFIR).

Setting

Professionals eligible to be involved in the study included anaesthetic doctors and nurses, surgeons from any surgical specialty, operating department practitioners, physician assistants and theatre staff including theatre nurses, managers, and engineers. Respondents from any country, and any type of hospital setting were invited to participate to the survey.

Method(s)

A mixed-methods analysis was performed of cross-sectional data from a survey distributed by snowball sampling across a global research network. A five-point Likert scale assessed perspectives on safety and feasibility of implementation of reusable textiles. An open-ended question asked about the implementation of reusables. Inductive and deductive coding was used, informed by the CFIR. The inductive coding of the data was informed by an adapted version of the Spradley domain analysis methodology.

Key finding(s)

The key finding of this study was that financial constraints, sterilisation-related issues, and institutional-level factors are the main perceived barriers to implementation of reusable textiles. Mapping of the barriers identified to the CFIR framework domains demonstrated that the majority of the barriers are related to the Inner Setting, and to the Individuals. Notable differences in barriers were identified across respondents from different income groups, with Financial constraints being recognised as a main barrier in LICs, Institutional factors being particularly relevant in HICs and Sterilisation-related issues in LMICs and LICs.

Discussion

With health systems striving to reach net-zero, implementation science is likely to acquire a larger role in sustainable surgery, to allow effective implementation of decarbonising practices within operating theatres and the wider hospital setting. Embedding the study within implementation research makes the knowledge derived from this study transferrable, and applicable to other studies and a wide range of different sustainable interventions.

- What is the role of implementation science in switching towards greener and more sustainable practices in operating theatres?
- How can we go from barriers to strategies that can be rapidly implemented in the healthcare setting?

Challenges

I conducted a study situates teasels at the crossword between implementation science, surgery and sustainability. Challenges have been identifying the right language and avenues to disseminate the findings. I realised that it is important to make specialised language accessible to a wide range of audiences and highlight the innovative concepts.

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Barriers and enablers to the implementation of osteoarthritis management programmes in primary or community care settings: a systematic review and qualitative framework synthesis

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Research aim

Osteoarthritis Management Programs (OAMPs) are 'models of evidence-based, non-surgical OA service delivery implemented in real-world settings' to increase the quality of OA care. Identifying barriers and enablers to effective and sustained OAMP implementation may optimise benefits for people with OA and for health systems in delivery of high-value care.

Setting

The aims of this qualitative synthesis was to synthesise evidence on barriers and enablers to implementation of primary/ community care-based OAMPs.

Method(s)

Qualitative thematic and framework synthesis. Qualitative studies of OAMP providers (healthcare professionals (HCPs) or managers), and/or OAMP users (people with OA) involved in implementation of an OAMP in primary or community care. A systematic search of five electronic databases identified primary qualitative research published between 2010 and April 2024 (to align with current clinical guidelines). Thematic synthesis, followed by mapping to the Theoretical Domains Framework (TDF), was used in data analysis. Individual methodological quality was assessed using the the Joanna Briggs Institute Critical Appraisal tool for qualitative research. GRADE CERQual was used to assess confidence in the findings.

Key finding(s)

Sixteen articles (203 OAMP providers, 100 participants with OA) were included. 34 barriers and enablers were mapped to 8/14 TDF domains. Enablers mapped to domains of *environmental context and resources* (enhanced integrated care, public funding), *memory, attention and decision processes* (OAMPs from trusted sources), *social influences* (social supports) and *skills (*HCPs' skills). Barriers most commonly mapped to *environmental context and resources* (limited public funding, workforce shortage), *skills (*HCPs)*, knowledge* (HCP and patient knowledge), *reinforcement* (patient expectations), *intentions* (deprioritising OA), *social/professional role and identity (expansion of professional roles)* domains. High/moderate confidence was found in 85% of review findings.

Discussion

This is the first qualitative evidence synthesis investigating perceived and experienced barriers and enablers to OAMP implementation. All studies were conducted in high income countries.A total of 34 barriers and enablers to implementation of OAMPs, mapped to 8 of the 14 TDF domains were identified at micro-, meso- and macro levels.

- How should implementation strategies be prioritised for real-world application, allowing for local contextual factors?
- How can macro-level barriers e.g. limited public funding and deprioritisation of OA be addressed to facilitate sustained implementation?

Challenges

Synthesising large volumes of first-order and second-order qualitative data across studies was a challenge, but using the TDF as our theory-driven framework provides a roadmap for implementation strategies. Low confidence related to *methodological limitations* and *adequacy*, assessed using GRADE CERQual is a limitation, which should be addressed in future studies.

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Adapting an Arts-Based Intervention to Address Postpartum Depression in Portugal: An Implementation Science Approach

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Project aim

Postpartum depression (PPD) affects one in seven women globally, with vulnerable groups such as younger, single, and immigrant mothers at higher risk. However, stigma often leads to many cases remaining undiagnosed. This project aims to address the gap in non-pharmacological treatments for PPD by implementing a culturally sensitive arts-based intervention in Portugal. The intervention involves a 10-week group singing program designed to improve maternal well-being, enhance bonding with infants, and foster community support. The project seeks to evaluate its acceptability, feasibility, and effectiveness, ultimately contributing to the development of accessible and tailored maternal mental health interventions for diverse populations.

Setting

The intervention is being implemented in primary care and community settings across Portugal. This multi-setting approach ensures accessibility for diverse populations, allowing the program to be adapted to local contexts and providing insights into its feasibility, scalability, and effectiveness in real-world settings.

Method(s) / Approach

To evaluate the intervention's acceptability, appropriateness, feasibility, and effectiveness, we are using three validated measures - Acceptability of Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM) - which are informed by implementation science frameworks. Qualitative data is also being collected through topic guides grounded in these frameworks, including RE-AIM, Proctor et al.'s outcomes taxonomy, and the Medical Research Council’s process evaluation guidelines. This mixed-methods approach will provide a comprehensive understanding of the intervention’s impact and highlight areas for improvement.

Key insights

Implementation science is essential for understanding how interventions can be effectively integrated into real-world settings. This project explores how arts-based interventions can be tailored and scaled to address postpartum depression, focusing on feasibility, acceptability, and effectiveness. By using implementation science frameworks, we aim to identify key factors that influence success and ensure adaptability across diverse contexts. Regular collaboration with Patient and Stakeholder groups—comprising mothers with lived experience, mental health professionals, and academic and arts experts—will guide the implementation, ensuring alignment with community needs. This approach will provide valuable insights into integrating non-pharmacological mental health treatments into healthcare systems.

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Participatory approaches for tailoring implementation strategies: First results of a scoping review

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Project aim

Participatory approaches are key to tailoring implementation strategies, and evidence shows that appropriate participation of all partners affected by an implementation project is particularly important for success. At the same time, there is a growing body of research on 'how to' approaches to participation. However, selecting the most appropriate approach from the extensive range of possibilities is challenging. Therefore, this scoping review aims to explore the nature of participatory approaches in tailoring implementation strategies, to identify key components and how they might affect the outcome of a project. The findings should provide guidance on the choice of approach.

Setting

The scoping review is part of a project, aiming to develop an action guide based on a concept mapping approach, which will enable implementers in the German healthcare system to tailor the implementation of eHealth interventions more successfully. Partial results of this review inform the planning of the tailoring process.

Method(s) / Approach

Literature published between January 2019 and December 2023 (update planned) was searched in MEDLINE, PsycINFO and CINAHL. Additionally, grey literature is reviewed, including relevant government and organisation websites. Studies describing their participatory approaches to tailor implementation strategies and empirically measuring the outcome of their implementation project, are included. In addition to a descriptive presentation of the results, we draw on intervention component analysis to combine evidence from studies' methods, results, and discussion sections and to explore differences between approaches. In doing so, we aim to assess which of these differences appear to be important for successful tailoring.

Key insights

The scoping review is ongoing. To date, we have screened 12,871 records, of which 30 studies with empirically measured outcomes have been included. About half of these studies did not mention a specific participatory approach, but described selected participatory elements integrated at different stages of implementation. In addition, a wide range of different terms were used to describe similar elements. Involvement of study participants focused mainly on context analysis and the collection of barriers and facilitators, while other activities in the tailoring process were less participatory (where described). Based on the current findings, an intervention component analysis might be challenging.

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Development and Implementation of the Hybrid Group-Based Multidisciplinary Rehabilitation Courses

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Research aim

During the last ten years Kela has researched and developed telerehabilitation with several development projects and research projects. This study investigated the implementation of Hybrid rehabilitation courses with different client groups. This study aimed to identify the factors influencing the implementation of telerehabilitation courses as perceived by clients and professionals.

Setting

The Social Insurance Institution of Finland (Kela) is the largest rehabilitation service organiser in Finland. Kela guides rehabilitation courses by service descriptions aiming to ensure that service providers implement them in a sufficiently uniform manner. Development of telerehabilitation in Kela is carried out in the collaboration between researchers and developers.

Method(s)

This multifaceted implementation study explored the clients' and the professionals' perceptions of the implementation of a hybrid group-based multidisciplinary rehabilitation courses for different client groups (informal caregivers, adolescents with milder mental health problems, and individuals with Type 1 diabetes or Type 2 diabetes). The data was collected at different stages of rehabilitation with four different questionnaires. The implementation research framework (Wierenga et al. 2012, 2013) was used as a theoretical frame to guide data collection and analysis.

Key finding(s)

A hybrid rehabilitation courses for different client groups worked quite well. These findings showed that it is possible to implement individual support in the hybrid group-based rehabilitation course. Telerehabilitation requires multifaceted expertise from professionals. In addition to information technology expertise, professionals should pay attention to online interaction and related expertise. Telerehabilitation enables client's participation from the middle of everyday life. However, involvement of clients' close associates and network cooperation should be increased in future hybrid rehabilitation courses. The implementation of peer support and group activities should further studied and developed.

Discussion

- We noticed that the characteristics of the client groups, but also clients' individual motivation, skills and interests affected to their experiences and participation in telerehabilitation. How to implement hybrid group-based courses that it is suitable for all the clients?
- Collaboration and shared understandings with developers and local service providers is essential for the success of research. However, genuine collaboration requires time from everyone involved and must be done at different stages of the research process. What would be the most effective way to inspire research partners in this collaboration?

Challenges

Hybrid rehabilitation services are quite new and there is not always enough information available about them. Some of the hybrid rehabilitation courses were not implemented, which caused challenges for the recruitment of the participants for this study. Close collaboration with the service providers helped with our recruitment process.

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Identifying and designing implementation strategies to close the health disparity of health promotion among Singaporean-Malays

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Project aim

Singapore has three major racial groups: Chinese, Malay and Indians. Despite being minority groups, the Malays and Indians are over-represented in the census for chronic conditions like obesity, diabetes and heart disease. While health-promoting interventions to prevent these chronic conditions are nationwide, access and sustainability of such programs are not necessarily equitable for all racial groups. This project aims to, firstly, understand the implementation challenges contributing to this health disparity; secondly, using participatory action approaches, design interventions for these challenges tailored to the different stakeholder groups.

Setting

The project is in collaboration with Singapore's Health Promotion Board (HPB) and the Ministry of Health (MOH), who have set up a workgroup in conjunction with community partners like the Islamic Religious Council of Singapore. Hence, the project spans across the health and social sectors in Singapore.

Method(s) / Approach

We will do a retrospective situational analysis of current and past interventions for health promotional campaigns delivered by community partners for Singaporean Malays to identify the determinants contributing to campaign success or failure. To provide context to the situational analysis, we will explore the lived experiences of Singaporean-Malays and the community partners via in-depth semi-structured interviews and focus groups, to better understand the implementation challenges that arise in reaching this population group. Using the global evidence base and co-designing approaches, we will then identify and design equity-based implementation strategies to increase the uptake of health-promoting behaviours among Singaporean Malays.

Key insights

Methodologically, we are keen to explore the most effective strategies for engaging this population, as minority groups are often under-represented in health research. Additionally, some barriers to health promotion are the same as the ones to partaking in research (i.e. competing responsibilities). In addition to genetics and cultural practices, racial minorities face health disparities due to social determinants, whereby challenges are systemic and require complex solutions. It will be insightful to uncover how such solutions may be designed and the stakeholders who need to be engaged for effective implementation strategies to support the uptake and reach.

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Identifying needs and co-designing action strategies to improve the heath literacy and quality of life of Portuguese informal caregivers: Insights for pilot implementation

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Project aim

Providing care to a dependent person can be a demanding task, and informal caregivers have many unmet needs, reinforcing the need of interventions and strategies that ensure an adequate sustainability of the provision of informal care. This study intends to (i) identify and consensualise initiatives and interventions to improve the Portuguese informal caregiver's quality of life and health literacy levels (already done); to (ii) implement, in real context, the three most relevant interventions identified (in progress), and to (iii) evaluate them, identifying also the main barriers and facilitators, acceptability, implementation costs, effectiveness, and sustainability (next phase).

Setting

This study intends to contribute to the implementation of evidence-based interventions for informal caregivers in the Portuguese context. The interventions are implemented in organisations of health and social sectors, and can address caregivers in a direct (e.g., educational, empowerment-oriented interventions) or indirect manner (e.g., pilot testing of national political initiatives).

Method(s) / Approach

A Nominal Group Technique (NGT) was conducted with a group of 10 experts in the fields of ageing, health policies, health literacy, and informal care, including informal caregiver's association. Based on NGT results was identified and selected feasible action strategies for pilot implementation (the next step of the project) aiming to improve informal caregiver´s reality, according to perceived relevance. In the pilot implementation phase, outcome measures as acceptability, appropriateness, implementation cost, and sustainability will be assessed. Barriers and facilitators to implementation will be mapped based on the domains (and constructs) of the Consolidated Framework for Implementation Science Research.

Key insights

Thirty-two initiatives emerged from the NGT. The three with higher consensus level were (0–60 scale): 1) pressure political decision-makers on the need for an effective implementation of the informal caregiver legislation (score=56); 2) creation of a specific emergency social phone line for informal caregivers, as a measure of greater equity (score=52); and 3) raise employers awareness about caregiving demands (score=52). We expect the pilot phase allow us to assess not only intervention outcomes but also implementation processes and providing in depth insights into the determinants of implementation success or failure of interventions to support improvement and scale-up.

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Municipal Health Promotion: Collaborative Implementation and Impact Measurement in four Dutch Municipalities

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Research aim

This research aims to establish the input, outcome, and impact of health promotion initiatives with various stakeholders using the Theory of Change (ToC) approach.

Setting

The study was conducted in four municipalities in eastern Netherlands. Research activities focused on developing monitoring plans and impact assessments for four health promotion initiatives at the municipal level.

Method(s)

Seven workshops were organized using the ToC approach to develop monitoring plans and impact assessments based on the Social Return on Investment (SROI) method for four different health promotion initiatives. The ToC approach aids in planning and evaluating social initiatives by identifying the problem, objectives, stakeholders, actions and expected outcomes. The workshops were pre-designed and adapted to each initiative's specific context. Researchers acted as moderators and facilitators. A total of 17 stakeholders participated, including at least one municipal policymaker, initiators and/or implementers of the initiatives, and, if possible, end-users.

Key finding(s)

Initial workshops were insufficient to complete all ToC steps to describe expected outcomes. The clarity of problem statements and objectives varied per initiative, requiring significant time to clarify. Three initiatives lacked described outcomes, and one had outcomes misaligned with its objectives. Identifying realistic outcomes was challenging without appropriate support, as participants struggled with the ToC framework. Stakeholders often formulated overly ambitious impact outcomes, and defining intermediate outcomes was even harder. The initiatives were at different design and implementation stages, making a uniform workshop impractical. Additionally, researchers, policymakers, implementers, and end-users spoke different 'languages', necessitating continuous adaptation of the workshops' design.

Discussion

- Sustainable implementation of municipal initiatives is challenging due to the lack of clearly defined desired outcomes and results from the start. What implications does this have for policy decisions at the municipal level?
- Differences in language used by researchers, practitioners, and policymakers affect impact measurement. Stakeholders can be trained to work with a common language based on the ToC approach. What does this require from stakeholders? What is needed to achieve this?

Challenges

Aligning stakeholders' ambitious goals with realistic outcomes was challenging. Workshops with clear language and diverse methods helped formulate measurable outcomes. Engagement and multiple discussions were needed due to language differences among researchers, policymakers, implementers, and end-users, leading to an iterative development process and highlighting the need for a common language.

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The function of teams in supporting the delivery of a mental health inter-organisational implementation network

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Research aim

The aim of the present study was a programme wide evaluation of the Mental Health Implementation Network (MHIN) to elucidate the common factors which underlie effective team working in implementation and map this onto an existing framework.

Setting

The Mental Health Implementation Network (MHIN) was established in England in 2020, implementing mental health interventions in six regions of England. The network implemented evidence based solutions in three key areas of mental health following a prioritization exercise, and embedded Patient and Public Involvement (PPI) in key decision making.

Method(s)

Data collection methods included over 18 hours of meeting observations, document analysis of previous meetings, and 50 semi structured interviews with MHIN's key stakeholders encompassing the public and local communities, multi-sector health and care providers, commissioners, government, clinical, academic and other partners involved in various capacity. Evaluation strategy was developed with the inclusion of a peer researcher and the MHIN team. The Exploration, Preparation, Implementation, Sustainment (EPIS) framework is used to understand and support the implementation process at the six delivery sites. We also utilised the Team EPIS framework to assess teams influence on the implementation processes and outcomes.

Key finding(s)

The stakeholders reported barriers and facilitators of effective team working, alongside outcomes which positively impacted the project as a result of effective team working. Themes from the qualitative interviews emphasise the importance of teams, team working and network culture to support PPI engagement occurring as a result of network leadership.

Discussion

The results of this study suggest that there are several factors to consider within a multi-team system that drive effective teams, we discuss the key constructs influencing implementation and outcomes of effective team working.

Challenges

Tensions between teams were challenging to discuss with stakeholders working with constrained resources. Priorities between academic and non-academic partners impacted effective communication.

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Task-shift as an implementation strategy - a pilot study of nurse-led gout care and patients’ self-monitoring of urate and dose escalation of allopurinol in the primary care

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Research aim

With the long-term goal of implementing gout care based on international treatment recommendations, this feasibility study evaluated task-shift that entailed nurse-led care as an implementation strategy and further patients' self-monitoring of urate and dose escalation of urate lowering treatment (allopurinol), as perceived by both staff and patients.

Setting

Three primary care units from three regions in the middle of Sweden, both rural and city areas. The smallest unit listed approximately 5000 patients and the largest 20 000. Primary care in Sweden is all tax funded. Nurses (1-2/unit) and physicians (1/unit) were involved in the intervention.

Method(s)

The intervention included nurse-led education on gout and on how to use a urate meter for self-measurement at home, the nurse and patient agreed upon target level for urate as well as follow-up and support. The patient self-measured urate monthly and continued until the target for urate level was achieved, through dose escalation of allopurinol. Patients with gout (ICD-10) and urate >405 µmol/L were recruited to participate. Nurses and physicians involved in the intervention also participated in the study. Data on acceptability, appropriateness and feasibility was collected using questionnaires and interviews.

Key finding(s)

Out of 29 eligible patients, 12 agreed to participate; absence of gout-related problems, side effects from allopurinol, and comorbidities were reasons for not participating. Personnel described the intervention and the implementation ‘task-shifting strategy’ to be straightforward and simple. The intervention was time-consuming initially but not in a longer perspective. Both patients and personnel found the self-measurement and dose escalation procedure manageable and professional. Notably, all included patients completed the procedure and reached their target urate level. Patients reported feeling more engaged in their treatment, gaining awareness and knowledge for managing their gout, which was interpreted as increased patient involvement

Discussion

- How is it possible to keep a balance between keeping the intervention simple and easy to deliver within existing resources at the units and at the same time sticking to the initial plan, that includes treatment recommendation, and meet up with patients needs?
- What challenges are there related to using task-shifting as an implementation strategy in general, in primary care specific?

Challenges

- Lack of resources when including personnel at the units during the set up for the intervention but also during the study period.

- Overcome prejudice around the real importance of preventive treatment for patients with gout and patients' needs.

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Involving public contributors and professionals in the development of implementation tools and toolkits: challenges and opportunities

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Research aim

To explore how to share learning with professionals working in family medicine and their patients, including those from underserved groups in the UK, to facilitate the development of an implementation toolkit.

Setting

Family medicine in the UK

Method(s)

Four workshops were conducted with family medicine teams, involving a range of professionals, including general practitioners, paramedics, receptionists and practice managers. Six workshops were conducted with groups of public contributors including those from Syria, South Asia and Eastern Europe. The contact with these groups was facilitated by individuals from these populations acting as ambassadors or knowledge brokers. The insights generated were incorporated into the development of an implementation toolkit for use within family medicine for the introduction of new professional roles. The process of knowledge sharing and new knowledge generation was captured through recordings and note taking throughout the workshops.

Key finding(s)

The workshop interactions generated new insights and learning that could only be achieved through sharing knowledge across organisations and communities. Insights generated from public contributors from different sectors within the population differed and highlighted differing views towards the delivery of care from family medicine. Perspectives gathered from different professions within family medicine teams and those working in different areas of the country, emphasised the influence of professional background on viewpoints. The process of gathering viewpoints from professionals and patients to incorporate into implementation materials, was resource intensive and relied on established networks of relationships and contacts.

Discussion

- Given the resource intensity of involving different groups of professionals and patients, what is the optimal level of engagement to ensure implementation is tailored to practice needs and patient benefit?
- To what extent should engagement and involvement processes be evaluated to generate future learning on effective approaches?

Challenges

High workload pressures within family medicine made attendance at workshops challenging for professionals. Running workshops during lunchbreaks at a time and location to suit the teams reduced this difficulty. The challenge of connecting with underserved groups was mitigated by individuals acting as knowledge brokers to facilitate contact with their communities.

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Establishing a Multicentre Surveillance System for Hyperosmolar Hyperglycemic State: Enhancing Guideline Adherence and Patient Outcomes

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Research aim

This study aimed to establish a standardised multicentre surveillance system to monitor HHS management across multiple UK hospitals, assess adherence to national guidelines, and identify barriers to guideline implementation.

Setting

The implementation project primarily focuses on the healthcare sector. The project is implemented across acute care hospitals**,** emergency departments**,** endocrinology departments**,** internal medicine wards, and critical care units.

Method(s)

The study included adult patients admitted to acute care hospitals across multiple NHS trusts with episodes of SGLT2i-associated DKA. Data were retrospectively collected from electronic medical records, focusing on clinical presentation, biochemical parameters, management strategies, and outcomes. A comparative analysis was conducted between patients with type 2 diabetes experiencing SGLT2i-associated DKA and those with traditional DKA, assessing differences in glycaemic profiles, pH levels, bicarbonate, and ketosis severity. Statistical methods included descriptive statistics, t-tests, and chi-square tests to analyze differences, while logistic regression was used to identify predictors of outcomes. Ethical approval was obtained from the local research ethics committee.

Key finding(s)

A total of 245 HHS episodes were analysed, with a median patient age of 77 years (IQR 64-85). The cohort was predominantly composed of individuals with type 2 diabetes (84.4%). Variations in adherence to the Joint British Diabetes Society (JBDS) guidelines were observed across hospitals. Key barriers to guideline adherence included resource limitations and variations in local protocol interpretation. The surveillance system facilitated the identification of these discrepancies and enabled tailored feedback to improve clinical practice.

Discussion

The implementation of a standardised multicentre surveillance system for HHS provides valuable insights into current management practices, highlights areas for improvement, and fosters the development of targeted strategies to enhance guideline adherence. This initiative underscores the need for continuous monitoring and feedback to optimize patient outcomes in HHS.

Challenges

A significant challenge was data quality and reporting practices variability across different hospitals. To overcome this, we developed training sessions to ensure uniformity in data entry. Securing stakeholder engagement was required for the project's success. We successfully navigated this obstacle by fostering collaborative partnerships and maintaining regular feedback loops.

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Exploring Global Challenges to Healthcare Delivery Commissioning: A Scoping Review

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Research Aim

Healthcare commissioning entails the planning and procurement of health services tailored to local population needs. However, implementation has been met with various challenges. This scoping review investigates the key barriers affecting the effective implementation of healthcare delivery commissioning on a global scale. Guided by the EPIS (Exploration, Preparation, Implementation, Sustainment) framework, the review systematically examines challenges across three contexts: outer (external influences), inner (organisational and operational factors), and bridging (coordination and interactions between inner and outer contexts).

Setting

This review analyzed studies exploring healthcare commissioning practices across diverse settings globally. Eligibility criteria included studies focusing on healthcare delivery through commissioning in various contexts, such as primary care, public health, specialized care, and integrated healthcare systems. No limitations were imposed on geographical region, cultural context, or healthcare system type.

Methods

Methods: A scoping review was conducted following the JBI methodology. Comprehensive searches were performed in Scopus, PsycINFO, MEDLINE, and Web of Science. This review included studies examining healthcare commissioning processes across various settings. To ensure methodological rigor, only peer-reviewed articles were selected. Study selection involved a two-stage screening process: initial title and abstract screening, followed by full-text review. Two independent reviewers conducted the screening, with a third reviewer resolving any conflicts to maintain consensus and adherence to predefined inclusion criteria. Data extraction focused on the stages of the commissioning cycle, stakeholder roles, and contextual challenges and facilitators, categorized using the EPIS framework.

Key Insights

This review underscores the significant role of healthcare commissioning in improving service coordination, optimizing resource utilization, and promoting equity. While external challenges such as political, economic, and policy constraints may be difficult to modify in the short term, addressing internal and bridging factors presents viable opportunities for progress. Strengthening governance, fostering integration, enhancing inclusivity, and leveraging technology can help healthcare systems navigate implementation barriers and achieve more effective and equitable service delivery.

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Process Evaluation of the “Competence Centre for International Nursing Professionals”

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Research aim

The “Competence Centre for International Nursing Professionals” (“Kompetenzzentrum Internationale Pflegekräfte”) aims to provide modular, high-quality, and price-stable educational courses for international nursing professionals (INP) and regional employers. The implementation and operation of the centre will be evaluated. The aim is to determine whether a centralised educational institution for INP and potential employers can meet the expectations for an improved accreditation process when compared to the current situation with decentralised, small educational institutions. Additionally, stakeholder attitudes towards the Centre and their potential influence on implementation will be mapped. The project commenced in March 2025 and is scheduled to last for three years.

Setting

Due to the shortage of nursing professionals, attracting INPs is an essential component for recruiting skilled workers. In most cases, INPs need to complete an educational course and/or an assessment to be fully accredited in Germany. A German city is funding this centralised educational institution and its evaluation.

Methods

A mixed-methods approach with triangulation will be applied in the hybrid effectiveness-implementation evaluation. A multiperspective approach will involve all stakeholders through interviews and focus group discussions, informing stakeholder mapping, showing their role, influence and attitudes towards the Centre. Facilities will be inspected via on-site visits; written documents will be examined through document analysis. Structural data, such as the number of participants, types of educational courses and assessments, and duration and results of the accreditation processes, will be evaluated. The evaluation will be conducted cooperatively by an in-house team from the municipal administration funding the project and an external scientific research team.

Key insights

The effectiveness evaluation aims to determine whether a centralised educational institution can improve the accreditation process for INP in the region. Key objectives include providing high-quality educational courses and assessments, meeting the rising demand for, and increasing the number of INPs successfully completing courses, and expediting the overall process. The implementation evaluation focuses on understanding stakeholders’ interests and roles, their perception of the Centre and potential influence on its implementation. Additionally, we aim to monitor the evolution of the community system and provide insights for other municipalities with similar plans.

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Adapting tools we think with: the life and times of one action framework

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Research Aim

Aims: (1) To explore framework evolution by characterising the 'life' of one action framework; (2) To reflect on steps in purposeful framework adaptation to expand embedded conceptual work. Rationale: Action frameworks intend to organise existing knowledge, offering guidance in the planning and execution of implementation strategies and/or evaluation of interventions. However, a framework may fail to capture complex relationships and may be insufficiently refined, as new knowledge is established through empirical research that has been informed by the framework.

Setting

The exemplar framework relates to interfaces of engagement between academics and policy professionals across the higher education sector, complementing the predominance of models in Implementation Science that relate to translation of research into practice.

Methods

I traced the 'life' of an exemplar action framework through literature from its inception in 2011 through to 2025. The selected framework, known as SPIRIT, was initially developed to test interventions intended to increase the use of research in health policy. I reflect on stages in purposeful adaptation to encompass broader dynamics of academic-policy engagement: (i) determining gaps/poor fit; (ii) identifying relevant theory and concepts for expansion by literature review alongside consultation on context and practical processes; (iii) selecting and tailoring modifications; (iv) piloting through cycles of empirical application, feedback, refinement; (v) disseminating to describe and explain the framework changes.

Key Insights

- Implementation frameworks may enable advancement of existing knowledge, yet a glut of new frameworks risks flooding the field, potentially muddying progress.
- Action frameworks can guide or cause change, while also becoming objects that can be changed.
- Through the inclusion and expansion of embedded conceptual work, an existing action framework can be iteratively modified through defined stages, to illuminate new implementation issues in policy or practice.
- Framework adaptation requires attention to relationships within and between different groups involved, to become meaningful and accessible as a boundary spanner across varied contexts.

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Protocol for a convergent mixed-method action research study informed by the i-PARiHS framework to evaluate the implementation and impact of the Nursing Home Care Programme for the Last Days of Life

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Research Aim

This study aims 1) to implement the Care Programme for the Last Days of Life in nursing homes, 2) to evaluate its impact on the quality of end-of-life care and symptom burden of nursing home residents in the last days of life, and 3) to evaluate implementation, mechanisms of impact and contextual factors that affect both the implementation and its outcomes. By understanding how the innovation, context, and recipients interact—through the lens of facilitation—we seek to generate insights into what supports or hinders successful integration of the Care Programme within the unique environment of nursing homes.

Setting

The study will be conducted in eight nursing homes in Flanders (Belgium), selected to reflect diverse implementation contexts. We aim to include a range of settings (e.g. large vs. small; private vs. public; for profit vs. non-profit) to better understand how contextual variation influences implementation and outcomes.

Methods

We will conduct a theory-informed action research study using the i-PARiHS framework to guide both the implementation and evaluation of the Care Programme for the Last Days of Life. The Programme includes: 1) a pharmacological clinical practice guide for end-of-life symptom management, 2) a care guide for nursing home staff focussed on recognizing the dying phase and monitoring dying symptoms, and 3) an implementation toolkit to support local tailoring of the implementation strategy. We will use a convergent mixed method design to evaluate the implementation and impact of the Care Programme.

Key Insights

Implementing complex interventions in nursing homes is particularly challenging. The Care Programme for the Last Days of Life, developed for and proven effective in acute geriatric hospital wards, was adapted for use in nursing homes. However, how it can be successfully implemented and its impact in nursing homes is unknown. This study will enhance our understanding of how complex interventions can be successfully implemented and sustained in routine nursing home practice, and in particular how the i-PARiHS framework combined with the MRC process evaluation guidance can support both the implementation and evaluation of complex interventions in this setting.

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Understanding the long-term use of the Bridges approach to support self-management in clinical stroke and neurological services

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Research Aim

Supporting self-management is recognised as an essential component of healthcare for people living with long-term conditions such as stroke. Self-management interventions have a growing evidence base and can support the development of confidence and skills to manage everyday life, but there has been minimal focus on their sustained use in healthcare overtime. Bridges is one example of a personalised approach to self-management, which supports healthcare professionals to integrate specific language, skills and principles into everyday care interactions. This study investigates how stroke and neurological teams have sustained the use of Bridges self-management in practice and what factors impacted this sustainability.

Setting

Adult stroke and neurological teams providing services through the NHS in England; primarily allied health and nursing based. Includes community and inpatient rehabilitation services.

Methods

This project employed a case study design, including stroke and neurological services who had received up to 8 hours of Bridges self-management training at least nine months prior to recruitment. Multiple methods were used for data collection, including interviews with professionals, staff surveys and documentary evidence. Data has been collected from 5 case sites from across England. Data analysis is currently in progress and is expected to be completed by July 2025.

Key insights

Preliminary findings suggest some commonalities in the facilitators and challenges of implementing and sustaining Bridges self-management. The degree to which teams have continued to successfully embed Bridges varies for different reasons, such as the continuity of champions and the visibility of Bridges prompts within workflows. This work will help to illuminate the reasons for this variance and generate tangible examples of strategies employed by teams that have successfully sustained a personalised self-management approach.

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