



## RtKW 62

### Bridging the gap: A practical guide to facilitate implementation of national standards in health, mental health and social care

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#### **Research aim**

The Health Information and Quality Authority (HIQA) sets national standards for health and social care services in Ireland and develops guidance to support services in implementing these standards. HIQA collaborated with the Mental Health Commission (MHC) to develop a practical guide to help staff put national standards into practice.

#### **Setting**

HIQA and the MHC are statutory agencies responsible for setting standards for Ireland's health, mental health, and social care services. The guide applies to these services.

#### **Method(s)**

Building on previous research, this guide was developed in response to stakeholder recommendations to develop a self-appraisal tool to facilitate the implementation and embedding of national standards. A working group was established, representing the health, mental health, and social care sectors. A literature review was conducted on comparable implementation tools. Semi-structured focus groups and interviews (n=70) were held with standards-setting and regulatory staff, managers, service frontline staff, and service users, recorded and selectively transcribed. Review and stakeholder feedback informed the design and content of the guide.

#### **Key finding(s)**

The guide was launched in October 2024. It offers staff a five-step process for implementing national standards and provides a self-appraisal tool and an action plan with samples and templates. A persona illustrates the guide to build understanding and transferability. It offers a practical resource to support staff to better understand national standards, what they mean for their service and how to implement them. It encourages staff to consider the implementation readiness of their organisation. It promotes a collaborative approach, emphasising the importance of engaging with senior leaders, staff, and people who use the services.

#### **Discussion**

National standards provide high-level outcomes describing how services can achieve safe, quality, person-centred care and support. The guide provides staff with steps on how to identify and apply changes to their service to implement national standards in their setting by building upon their knowledge, understanding, and confidence. The guide is intended to assist staff in health, mental health, and social care services in implementing quality standards into practice in their setting, thereby improving outcomes for service users.

- How should we evaluate the implementation and impact of the guide?
- What alternative formats could we use to present this guidance?

#### **Challenges**

Developing one guide for staff working across health, mental health and social care was a challenge, given differences in roles and responsibilities. HIQA and the MHC's position as standards-setting authorities introduced concerns for service providers that the guide would be prescriptive/mandatory, which is not the case.

#### **Key highlights**

This guide was developed using an evidence-informed approach and by the stakeholders who will apply and benefit from implementing standards. It demystifies standards and the implementation process, providing practical guidance to apply standards in a straightforward and stepwise manner to drive improvements within health and social care services.

## RTKW 150

# ENHANCING PERIOPERATIVE LUNG CANCER CARE: BARRIERS AND FACILITATORS FOR THE IMPLEMENTATION OF AN AUDIT AND FEEDBACK DASHBOARD IN THE NETHERLANDS

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### Research aim

This study aims to identify facilitators and barriers for the implementation of an audit and feedback (A&F) tool: the ERATS-dashboard. The dashboard supports preoperative care teams in monitoring adherence to the Enhanced-Recovery-After-Thoracic-Surgery protocol and linking it to patient outcomes, encouraging continuous improvement in lung cancer care.

### Setting

This study was conducted in the Netherlands as part of the first phase of a three-phase implementation study. It focusses on perioperative care teams in hospitals implementing the ERATS (A&F) dashboard into daily practice. An implementation plan will be developed based on the identified facilitators and barriers.

### Method(s)

A qualitative study using semi-structured interviews (n=11) and focus group discussions (n=2) was conducted to gain in-depth insights into the facilitators and barriers to the ERATS-dashboard implementation. This comprehensive approach captured stakeholder perspectives and requirements, essential for developing an effective implementation plan. The study population included perioperative care teams, data managers, hospital management, industry experts and patient representatives. A topic list based on the Measurement Instrument for Determinants of Innovations (Fleuren et al., 2004) guided the discussions. Data analysis utilised thematic content analysis, using the Consolidated Framework for Implementation Research (Damschröder et al., 2022).

### Key finding(s)

The study identified key facilitators and barriers to implementing the ERATS-dashboard. Facilitators included the dashboards' feedback mechanism, enabling perioperative teams to monitor performance and outcomes in real-time, and the appointment of an ERATS-Champion as Implementation Leader to drive implementation and guide team discussions. Barriers included the added registration burden and challenges integrating the dashboard with hospital systems, such as the electronic patient record. Participants stressed the need for tailored training programs and personalised dashboard layouts. Addressing these facilitators and barriers is essential to fully realise the dashboard's potential in improving perioperative care.

### Discussion

What implementation strategies can best address the challenges of integrating tools like the ERATS-dashboard into daily clinical workflows, particularly regarding data entry? How can these strategies be adapted to diverse hospital contexts? What are your experiences?

What has been your experience with appointing implementation leaders, such as the ERATS champion, in your projects? What strategies have you found effective in defining their roles and ensuring they drive team engagement and successful adoption? To what extent did you as researchers stay involved in the activities of the implementation leader?

### Challenges

A key challenge was coordinating schedules to assemble a multidisciplinary team for the focus group discussions. Aligning availability across diverse professionals such as lung surgeons, nurses, anaesthetists, and physiotherapists. To navigate this, we offered flexible options, the opportunity to join online and varied time slots, ensuring broad representation.

## RTKW 234

### Adapting an implementation strategy to equity-deserving groups: A FRAME-IS analysis of Adaptation Teams' suggested changes to a mental health recovery implementation toolkit

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#### Research aim

Walk the Talk Toolkit/De la parole à l'action is an implementation strategy for implementing guidelines for transforming services and systems towards a recovery orientation. This research aimed to study the toolkit adaptations needed for its use in organisations serving marginalised and equity-deserving communities.

#### Setting

We partnered with six organisations serving homeless women, indigenous communities, victims of violence, and 2SLGBTQ+, immigrant and BIPOC communities in the Canadian provinces of Québec, New Brunswick, Alberta and Ontario. Four were community-based non-profit organisations, one was an indigenous-run large health organisation, and one was a public community health clinic.

#### Method(s)

Six Adaptation Teams of 55 service users, service providers, managers, and family or significant others reviewed and suggested adaptations to 55 toolkit materials (videos, activities, and processes) in 10 workshops. Suggested adaptations were documented on paper and discussed in an audio-recorded plenary at each workshop in French and/or English. Focus groups explored adaptations in greater depth. Data preparation involved reading and listening to all data to write-up suggested adaptations in bullet-point format following a structured process. One hundred fifty pages of suggested adaptations were analysed using the Framework for Reporting Adaptations and Modifications to Evidence-based Implementation Strategies (FRAME-IS).

#### Key finding(s)

Three key findings will be discussed. Firstly, there was discomfort with the terminology used in the toolkit around mental health and recovery due to issues of stigma and the weaponisation of mental health faced by marginalised communities. Secondly, video content that drew on stock images in the toolkit was considered problematic for portrayals of heteronormative families, the biomedicalisation of health, and white middle-class wealth aspirations. Thirdly, processes for establishing a “safer space” for implementation in the toolkit needed further development to address confidentiality, colonialism, and cultural safety issues. Specific suggestions were provided that enhance the toolkit.

#### Discussion

Adaptation Teams often wanted to de-emphasise mental health in the toolkit materials they were reviewing. How can a toolkit for mental health recovery implementation be sufficiently flexible to accommodate the needs of non-mental health organisations while not losing focus on recovery? The FRAME-IS was developed to help researchers document modifications to implementation strategies. What is the added value of using the FRAME-IS to interpret suggested adaptations?

**Challenges**

A challenge we faced in this work was the magnitude of the materials in the toolkit and how to cover them in 10 workshops. We navigated this by splitting up materials between teams, working in small groups, and responding to adaptation teams' requests for simplification of the process.

## RtKW 249

### Development of the Implementation Research Proposal Appraisal Criteria (ImpResPAC) tool: An International Expert Modified e-Delphi Study

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#### Research aim

Informed by the structure and content of the Implementation Science Research Development (ImpRes) tool and supplementary guide, we sought to develop and evaluate the Implementation Research Proposal Appraisal Criteria (ImpResPAC), a comprehensive tool to appraise the conceptual and methodological quality of implementation research proposals in healthcare.

#### Setting

Healthcare

#### Method(s)

We employed a three-stage sequential mixed-methods design, including a content development stage (stage 1) and a two-round modified e-Delphi (stages 2 & 3). Stage 1: Informed by the structure and content of the Implementation Science Research Development (ImpRes) tool and guide, the ImpResPAC team developed the initial content of ImpResPAC. Purposive and snowball sampling was used to recruit an international Expert Advisory Panel (EAP). Stage 2: The EAP provided feedback on ImpResPAC. Based on the feedback, the ImpResPAC development team made extensive revisions to ImpResPAC. Stage 3: The refined ImpResPAC was shared with the EAP for further feedback and evaluation.

#### Key finding(s)

Sixty-eight international experts formed the Expert Advisory Panel (EAP). The final version of ImpResPAC includes 71 items, each indicative of high-quality implementation research. Items are organised over 10 domains, such as implementation theories, models and framework, implementation strategies and implementation outcomes, each representing a core element of implementation research. Based on feedback, user instructions were refined, and a glossary of terms used in ImpResPAC was developed. 83.3% of the EAP either 'strongly agreed' or 'agreed' that ImpResPAC provides a comprehensive, transparent and fair appraisal of the conceptual and methodological quality of implementation research proposals.

#### Discussion

We developed a new and comprehensive tool to appraise the quality of implementation research proposals in healthcare. The application of ImpResPAC presents several immediate and impactful benefits. For example, grant reviewers will be able to use ImpResPAC to identify high-quality implementation research proposals. Research teams who use ImpResPAC will be more likely to identify elements of their implementation research proposals that need to be strengthened prior to funding submission or submission as part of educational initiatives.

- How should ImpResPAC be incorporated into the grant review process?
- How should the value and impact of ImpResPAC be evaluated?

#### Challenges

Incorporating the extensive, and at times conflicting, feedback and suggestions for improvements received from the EAP was challenging. The ImpResPAC development team overcame this challenge by extensively

discussing the feedback received through an iterative process until consensus was reached on refinements to be made.