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6th UK Implementation Science Research Conference

Oral Presentations

Process evaluation of the SMARThealth Pregnancy hybrid type 2 cluster randomised controlled trial: A Protocol

O3

PRESENTER

Nicole Votruba

AUTHORS

Nicole Votruba, Ankita Sharma, Sreya Majumdar, Sudhir Thout, Deversetty Praveen, Varun Arora, Pallab K. Maulik and Jane Hirst

BIOGRAPHY

Dr Nicole Votruba is a senior postdoctoral researcher in implementation science at the Nuffield Department of Women's & Reproductive Health, University of Oxford. She is leading the process evaluation for the SMARThealth Pregnancy programme, a large cluster RCT in rural India. Nicole is also PI of the community-based perinatal mental health (PRAMH) study in rural India, and she is co-lead of the Indigo Local study, developing a multi-country community anti-stigma campaign.

BACKGROUND

Women who experience anaemia, gestational diabetes and hypertension during the perinatal phase are at high risk of long-term complications. However, effective low-cost strategies to integrate non-communicable disease screening into pregnancy care in low-income settings are rare. SMARThealth Pregnancy (SHP2) is a hybrid type-2 effectiveness-implementation trial aiming to improve health during pregnancy and the first year after birth using a community-based, digital approach. A detailed process evaluation will be carried out to determine the implementation outcomes and strategies of the intervention, to understand the effects (or lack thereof), to clarify assumptions around causal mechanisms, and to enhance understanding on generalisability.
Aims: To (1) examine implementation outcomes, (2) identify contextual factors and mechanisms of action/impact, (3) understand mechanisms and strategies.

METHOD

A mixed-methods, theory-driven process evaluation will be performed, in parallel to the main SHP2 trial for both intervention and active control arms. The mixed-methods study design will assess the process evaluation objectives. Data collection will include quantitative data collection from the digital application, health/training records, surveys, qualitative interviews and focus groups with key stakeholders, ethnographic observation, documentary analysis, and notes audit. Implementation outcomes will be assessed using the RE-AIM framework (reach, effectiveness, adoption, implementation, maintenance) and Proctor et al's implementation outcomes typology. The effectiveness of implementation strategies will be assessed using the Expert Recommendations for Implementing Change (ERIC) compendium. Data analysis will apply mixed deductive and inductive thematic analysis.

RESULTS

A first round of data collection has started in Telangana and Haryana in April 2023, using interviews and focus group discussions with health care workers and women, as well as ethnographic observation. The process evaluation analysis will aim to seek explanations for outcomes achieved in the SHP2 trial. Results will be analysed across and between clusters, allowing to compare/contrast context and implementation between them and with other clusters showing similar outcomes.

CONCLUSION

This process evaluation is part of the SHP2 effectiveness-implementation study. It will inform the iterative development of a future intervention scale-up and adoption, or in case of a null trial, to understand which factors contributed

A protocol for developing a checklist tool that places intersectional inequalities at the centre of patient and public involvement activities

06

PRESENTER

Patrick Kierkegaard

AUTHORS

Patrick Kierkegaard

BIOGRAPHY

Dr Patrick Kierkegaard is interested in supporting the development, implementation, and dissemination of cutting-edge diagnostics and health care services to facilitate the *early detection & diagnosis of cancer* and optimizing c*ancer control*.

Most of his work applies social science methods to explore issues related to the implementation and utilization of medical technologies as well as the planning, organization, and structuring of healthcare delivery services.

He is committed to using this work to make the healthcare system more patient-centred, reduce healthcare disparities, and improve the fit between new medical technologies, patients, and healthcare professionals.

BACKGROUND

To adequately address critical issues pertaining to intersectional inequalities, researchers must include patients as equal members of their research teams. This process is known as patient and public involvement (PPI). As important and valuable as PPI is, there is no standard methodology for guiding and measuring collaboration between researchers and patients with regards to addressing intersectional health inequalities.

A few tools to support PPI exist but they are designed for reporting purposes and are limited in scope. They are not designed to assist researchers and patients in addressing intersectional inequalities.

This protocol describes the steps being taken to close this gap by designing a checklist tool that will allow researchers and patients determine to what extent their PPIE activities addresses critical issues relating to intersectional health inequalities.

METHOD

Multi-stage qualitative study using semi-structured interviews and participatory design focus group workshops across three phases of investigation. First, in-depth interviews will be conducted to understand contextual challenges associated with addressing and reporting intersectional inequalities during PPIE activities. Second, participatory design focus group will be conducted to co-design the new tool. Third, real-world projects will be utilized as case studies to pilot test and refine the new tool. Analysis will be guided by the Behaviour Change Wheel and Health Equity Implementation Framework.

RESULTS

The primary objective of this study are the co-development of a checklist tool that will improve the methodologies used to ensure PPIE activities address intersectional health inequalities. A secondary objective of the tool is to pilot test it to evaluate potential improvements and its adoption into regular PPIE practice.

CONCLUSION

An important objective of this protocol is to establish a framework for the creation of a checklist tool that will complement existing PPIE report tools to ensure that patients and researchers engage in meaningful PPIE activities throughout the research cycle in order to address intersectional health inequalities.

A Policy Lab to accelerate translation of novel research into policy to improve timely detection and appropriate action in care of women with Pre-eclampsia in Sierra Leone

O16

PRESENTER

Katy Kuhrt

AUTHORS

Katy Kuhrt, Osman Koroma, Alexandra Ridout, Francis Smart, Harriet Boulding and Andrew Shennan

BIOGRAPHY

Katy Kuhrt is a Clinical Research Fellow in Obstetrics and Gynaecology. She is currently undertaking her PhD at King's College London which focuses on evaluation of novel point of care tests in pregnant women to improve triage and referral in Sierra Leone, which has one of the worse maternal mortality rates in the world. Her work will include an assessment of a point of care creatinine test in pregnant women with acute kidney injury, a test to predict pre-eclampsia and an evaluation of shock index as a triage tool and predictor of poor outcome in pregnant women who are bleeding. The Policy Lab is part of the work designed to better understand the context for successful translation of new research evidence generated by these studies, and others, into improved pregnancy outcomes in Sierra Leone.

BACKGROUND

Pre-eclampsia is the second leading cause of maternal death globally, including Sierra Leone, where women are 2000 times more likely to die compared to the UK. Key reasons are delayed detection and lack of appropriate action (anti-hypertensives, anticonvulsants, delivery). In Sierra Leone, we demonstrated that early identification of abnormal vital signs is associated with a reduction in maternal mortality, and enables targeted interventions (early delivery), which saves babies lives (NNT = 30), and reduces severe maternal hypertension. Policy Labs are an engagement approach used to facilitate research evidence uptake into policy and practice. Integration of this novel evidence into maternity care is critical to minimise adverse outcomes.

METHOD

Based on the 'trust-translation-timing' model developed by King's Policy Institute we co-hosted a Policy Lab with the Ministry of Health and Sanitation in Sierra Leone attended by a diverse group of stakeholders, who received a briefing pack synthesizing key evidence prior to the event. Participants discussed barriers and facilitators in small, mixed groups and devised collaborative strategies for translation of the new research into pre-eclampsia management.

RESULTS

39 attendees (women, community representatives, religious leaders, health workers, policy makers and politicians) identified multiple challenges, i.e.: lack of awareness of pre-eclampsia and its associated risks, cost of transport, lack of trust in healthcare, and women being asked to pay for care. Key recommendations included intentional community engagement through public health education campaigns, and specialized Pre-eclampsia Care centres. 15 participants formed a technical working group and are currently involved in development and delivery of a national pre-eclampsia awareness programme.

CONCLUSION

Early detection and appropriate action is a critical issue for pre-eclampsia management in Sierra Leone. Policy Labs are an effective tool to facilitate the co-development of evidence-based collaborative policies, including community education and empowerment, to expedite reduction in mother and infant morbidity and mortality.

Acceptability of the CONNECTS-Food resource: supporting primary schools in implementing a systems-based whole school approach to food

O19

PRESENTER

Wendy Burton

AUTHORS

Wendy Burton, Jayne V. Woodside, Harry Rutter, Amir M. Sharif, Charlotte E.L. Evans, Suzanne Spence, Tim Baker, Sara Ahern, Niamh O' Kane and Maria Bryant

BIOGRAPHY

Wendy Burton is a Research Associate at the University of York Health Sciences Department. Her research focuses on public health implementation with a focus on optimising the implementation of childhood obesity prevention interventions.

BACKGROUND

Schools promote healthy nutrition and reduce health inequalities through the implementation of whole school approaches to food (e.g., food culture, environment, and education). However, uptake of such approaches is often low. As part of the CONNECTS-Food project, an online resource was developed with key stakeholders to set out key principles of a whole school approach to food, and address barriers to implementation within the school food system. This paper explores the acceptability of this resource by schools.

METHOD

A qualitative interview study was undertaken with 15 stakeholders (senior leaders, teachers, and kitchen staff) across six UK primary schools. Participants were asked to review the CONNECTS-Food resource before interviews, providing feedback on its acceptability. A theoretical framework of acceptability was used to inform the topic guide and was used as a deductive coding framework to analyse the data using thematic analysis.

RESULTS

Participants found the CONNECTS-Food resource visually appealing and easy to navigate, and felt it contained useful resources to support implementation of a whole school approach to food. Following review, the majority expressed an intention to implement small changes within their school in line with key principles, using the resource for guidance. However, all those interviewed described implementation barriers to a whole school approach to food that could deter engagement with the resource, including competing priorities, perceived lack of time, and lack of mandatory requirements for implementation. Some interviews suggested the whole school approach to food concept is misunderstood, with limited recognition.

CONCLUSION

CONNECTS-Food could be used as a tool to support implementation of a whole school approach to food. Wider changes within school food systems are needed to encourage schools to adopt the resource. Further work should focus on supporting schools in understanding what a whole school approach to food means.

A Theory of Change of a quality improvement training programme at a large London hospital

O20

PRESENTER

Katie Richards

AUTHORS

Katie L. Richards, Manuela Russo, Barbora Krausova, Kathryn Watson, Lorraine Catt, Alister Notridge, Rachel Olive, Kia-Chong Chua, Lucy Goulding, Andrea Cortes & Nick Sevdalis

BIOGRAPHY

Katie Richards (she/her) is a Research Associate in the King's Improvement Science research group at the Centre for Implementation Science, King's College London. Currently, she is working across improvement and implementation science project in South London Hospitals, including collaboratively developing a Theory of Change for a quality improvement training programme. Prior to joining King's Improvement Science, she completed her PhD at King's College London in 2022. During her PhD, she gained experience in implementation science as she evaluated the national scaling of an early intervention service for eating disorders. She completed her MSc in Human Cognitive Neuroscience at the University of Edinburgh and her BSc in Applied Psychology with Clinical Psychology at the University of Kent. Her research interests include healthcare system change and working environments that foster continuous learning and staff well-being.

BACKGROUND

Organisation-wide capacity building programmes for quality improvement (QI) have been linked to higher ratings in quality assessments. However, the conditions and mechanisms through which these programmes impact improvement goal(s) at scale have not always been clearly articulated. The aim of this study was to develop a Theory of Change (ToC) outlining the ultimate goals of a QI training programme and the conditions and mechanisms required to reach these goals.

METHOD

A qualitative study informed by the Aspen Institute's guide to ToC was conducted. Twenty participants were purposively recruited, including QI team members, hospital staff, and past/present patients. Research evidence, QI training materials, and data gathered during workshops and semi-structured interviews were used to iteratively develop the ToC. Data were analysed using framework analysis.

RESULTS

The ultimate goals identified during the study were improvements in QI infrastructure, a QI culture, and sustained improvements in the quality and experience of care, services and operations for patients, staff, and the wider community. Views on the goals were mixed, but many felt that they should evidence sustained improvements in care.

Key conditions and mechanisms required to reach these goals included:
(1) leadership supporting and enabling QI;
(2) QI perceived as relevant and a priority;
(3) capacity/time for training and QI;
(4) QI governance;
(5) staff awareness of 'QI offer';
(6) accessibility of 'QI offer';
(7) patients and the public co-producing QI;
(8) listening to and involving staff at all levels and a diverse programme/project team;
(9) appropriately using data; and
(10) sharing, learning and disseminating internally and externally.

CONCLUSION

Our results suggest that the aims of the training programme should be to improve QI infrastructure, promote a QI culture, and sustain improvements in the quality of care, services and operations. Leadership support emerged as one of the most crucial conditions required to reach these goals.

Improving comprehensive care: insights from a mixed method survey following the introduction of Australian Comprehensive Care Standard

O21

PRESENTER

Beibei Xiong

AUTHORS

Beibei Xiong, Daniel Bailey, Paul Prudon, Christine Stirling and Melinda Martin-Khan

BIOGRAPHY

Beibei Xiong is a PhD candidate at the Centre for Health Services Research, The University of Queensland, Australia, where she is dedicated to studying the implementation and impacts of the NSQHC Comprehensive Care Standard in Australian hospitals. With a Bachelor's degree in Nursing from Jilin University, China, and a Master's degree in Health Science from the University of Northern British Columbia, Canada, Beibei's research interests focus on improving healthcare outcomes and enhancing patient experiences through better care delivery.

BACKGROUND

In 2019, the Australian Commission on Safety and Quality in Health Care (ACSQHC) mandated the Comprehensive Care Standard (CCS) as a means of ensuring patients receive total health care that meets their needs. Health organisations use different approaches to meet the requirements of the standard, but they are measured against a common set of key indicators. This project aims to examine the implementation challenges and facilitators of the CCS and the impacts of the CCS on patient care and outcomes in acute care hospitals.

METHOD

A questionnaire was developed based on the ACSQHC's evaluation of the CCS survey and CCS implementation guide. The main survey included five sections: demographics, knowledge, practices, barriers and facilitators, and perceived effects. We distributed the survey to care professionals through healthcare organisations' and clinical networks' websites, newsletters, emails, and social media from October 1, 2022 to April 30, 2023. RStudio was used for descriptive analysis, and Nvivo was used for theme analysis on text.

RESULTS

We received 659 valid responses from Australian care professionals. Common implementation barriers include lack of training and education, heavy documentation burden, staff shortage, team communication and handover gaps, and competing priorities. Common facilitators include leadership across the organisation, consumer involvement, risk screening tools in place, paperwork modified to tailor CCS, training and accessible information resources, and continuous feedback and quality improvement. Most participants think that following the introduction of the CCS, there was an improvement in areas such as interdisciplinary collaboration, shared decision-making, care continuity, and patient education, but also an increase in healthcare costs.

CONCLUSION

Integrating the existing system and process and providing extensive organisational support are needed for a successful implementation of the CCS. There is also a particular need for education and training on effective communication for shared decision-making and an interdisciplinary approach to patient risk identification and management.

Exploring processes for implementing palliative care in intensive care using normalisation process theory

O25

PRESENTER

Stephanie Meddick-Dyson

AUTHORS

S A Meddick-Dyson, J W Boland, A Bradshaw, M Pearson and F E M Murtagh

BIOGRAPHY

Stephanie Meddick-Dyson is an Academic Clinical Fellow in Palliative Medicine working in Yorkshire. She trained in acute medicine with intensive care and emergency care experience, developing her clinical and research interest in acute palliative care. Her research, based at the Wolfson Palliative Care Research Centre, focuses on optimising palliative and end-of-life care services in the intensive care unit. Stephanie is co-chair of the End-of-life and Palliative Care in the ICU Research Network (EPCIN), a network she developed to share knowledge and encourage collaboration in the field. Holding high regard for the translation of evidence to practice, Stephanie's work is underpinned by implementation science. She is working towards helping ICUs successfully implement their complex interventions to provide palliative care, by understanding the implementation factors, and processes involved.

BACKGROUND

If successfully implemented, palliative care interventions within Intensive Care Units (ICU) support patients and relatives in times of uncertainty and distress. This study aims to understand professional perspectives about providing palliative care within Intensive Care Units in the UK.

METHOD

UK healthcare professionals with experience of providing or organising palliative care in the ICU were asked to complete the validated 23-item Normalisation MeAsure Development survey with 20 core items organised by Normalisation Process Theory constructs. Free text comments were thematically synthesised for further insight into how professionals work to provide palliative care in their ICU.

RESULTS

153 completed surveys; 69% of respondents were ICU professionals, 31% were palliative care professionals. Respondents reported being familiar with palliative care in the ICU and that it was part of their normal work. Respondents had positive perspectives about implementation of palliative care in the ICU, reporting positively about coherence (sense-making work), cognitive participation (relational work) and reflexive monitoring (appraisal work). Rating of collective action (operational work) were more negatively perceived. Free-text responses revealed themes reflecting (i) professional roles within the ICU, including the significant interplay between ICU doctors and nurses, the benefits, and difficulties of specialist palliative care involvement, and the nuances of ICU care that require specialist knowledge. (ii) Timing of provision, comprising mixed perceptions of the ability to recognise the need for palliative care and how it is a routine part of ICU care. (iii) Challenges to providing palliative care in the ICU including conflicts, pressures, lack of training, and the need to avoid medicalisation of death.

CONCLUSION

The understanding and value of, and motivation for, providing palliative care in the ICU is promising. Important implementation gaps may lie within operational work. Future work is needed around resources and training to support palliative care provision and navigating the complex, but vital, interplay between multidisciplinary teams.

Physical Healthcare in Community Mental Health Services for Adults with Serious Mental Illness (SMI): Implementing recommendations using the Knowledge-to-Action Framework

O29

PRESENTER

Gracie Tredget

AUTHORS

Gracie Tredget, Julie Williams, Ray McGrath, Nick Sevdalis, Fiona Gaughran, Ioannis Bakolis and Euan Sadler

BIOGRAPHY

Gracie is a Programme Manager based within the Mind and Body Programme at King's Health Partners who recently led completion of the Integrating our Mental and Physical Healthcare Systems (IMPHS) Project. This project focused on researching and testing physical health interventions that could more effectively support adults living with serious mental illnesses and the team worked closely with South London and Maudsley NHS Foundation Trust and the Centre for Implementation Science at Kings College London to embed them into routine practice. Gracie's background in management consulting and psychology, has led her to work alongside various private and public sector organisations to develop, improve and deliver services that support adults living with mental health problems, their families and reduce inequalities within local communities. In 2019, Gracie accepted the Mind Network Partnership and Profile Excellence Award for contributions to collaborative partnerships within the UK's voluntary sector to improve early intervention and prevention-based approaches for adults living with common mental health problems.

BACKGROUND

Adults with serious mental illnesses (SMI), die more prematurely from preventable physical health problems than the average population. In 2014, NICE guidance required mental health providers to complete annual physical health checks to better identify and address physical health problems amongst SMI patients. We conducted a service evaluation within a UK Mental Health Trust to investigate barriers faced regarding physical healthcare that hindered completion of checks within mental health settings. From this work, a series of recommendations were developed, that are now being translated using the Knowledge-to-Action (KTA) Framework (Graham et al., 2006) to improve physical healthcare for SMI patients across two Mental Health Trusts in south east London.

METHOD

A service evaluation was conducted using a qualitative methodology, involving interviews (n=23) and focus groups (n=27) with mental health staff, patients, and carers. Thematic analysis was used to synthesis collected data, and reviewed through workshops with staff, patients, and carers to develop recommendations.

RESULTS

23 interviews and 8 focus groups were completed (n=50).
4 recommendations were identified:
1. Clear organisational vision and strategy for physical healthcare
2. Accessible policy and guidelines
3. A comprehensive training programme
4. A quality framework outlining the physical healthcare offer for SMI patients
We seek to build upon these recommendations by supporting both Trusts to develop and implement them. To facilitate this, both Trusts are working together to establish a Community of Practice (COP) to share best practice. Using the KTA, we aim to achieve parity in physical healthcare practice across both Trusts for SMI patients.

CONCLUSION

We hope this work will improve physical healthcare standards in routine mental health practice, and better equip Mental Health Trusts to enhance access, care quality, and outcomes for SMI patients. We are working with both Trusts to evaluate whether these changes lead to improvements in the future.

Trusting Relationships and Implementation Outcomes: Findings from a trust building intervention to support scale-up of an evidence-based program in child welfare

O31

PRESENTER

Allison Metz

AUTHORS

Allison Metz, Todd Jensen, Amanda Farley and Lacy Dicharry

BIOGRAPHY

Allison Metz, Ph.D., is a developmental psychologist with expertise in child development and family systems and a commitment to improving child and family outcomes and advancing equity. Allison is Professor of the Practice and Director of

Implementation Practice at the School of Social Work, and Adjunct Professor at the School of Global Public Health at The University of North Carolina-Chapel Hill. She is also an Adjunct Professor at the School of Medicine at Trinity College Dublin. Allison previously served as Director of the National Implementation Research Network. Allison is co-chair of the Institute on Implementation Practice and founding director of the Collaborative for Implementation Practice at UNC-Chapel Hill School of Social Work.

BACKGROUND

The research aim is to assess the feasibility and acceptability of developing and delivering a training and coaching intervention with implementation teams to build team cohesion, psychological safety, and trust, in order to increase capability, opportunity, and motivation to use evidence, and to enhance commitment and resilience for implementation. The setting is a public child welfare system in the United States implementing a statewide, evidence-based peer-to-peer mentoring model for youth in foster care. Implementation teams include service providers, public system leadership, and youth.

METHOD

This study employs mixed-methods with a single-case design component. Participants consider hypothesized mechanisms (capability, opportunity, motivation; commitment and resilience) linking trust with improved implementation. Our analytic sample was comprised of 15 individuals (88 total observations; average of 5.9 data-points per participant) who participated in the full course of trust-building training activities. We employed multilevel mixed-effects linear regression to assess change over time in participants' (a) perceptions that team members trusted them (8 items; $\alpha = 0.91$) and (b) reports of their own trust toward team members (8 items; $\alpha = 0.86$). We also completed and qualitatively analyzed in-depth interviews (n=7).

RESULTS

On average, participants reported significant increases over time in their perceptions that they were trusted by their team ($b = 0.31$ units, $p < .05$). In addition, on average, participants reported statistically negligible increases over time in the trust they had for their team ($b = 0.07$ units, $p = .63$). Results from the qualitative analysis foregrounded themes related to addressing power differentials, making space for trust building, and the contribution of trust to commitment and motivation for implementation.

CONCLUSION

This study demonstrates the feasibility of implementing a trust building intervention and developing skills of implementation stakeholders to foster trust among each other. Findings also emphasize the role of trust in contributing to implementation progress in complex systems.

A co-produced web-based implementation toolkit to facilitate adaptive implementation in health and social care

O33

PRESENTER

Cindy Brooks

AUTHORS

Cindy Brooks, Susi Lund, David Kryl and Michelle Myall

BIOGRAPHY

Cindy Brooks is a Research Fellow and Medical Sociologist within the Ageing and Dementia Research Group, School of Health Sciences and Applied Research Collaboration (ARC) Wessex Implementation Team at the University of Southampton.

Cindy is Lead investigator of a project to co-produce an online implementation module to support the successful uptake of innovations in practice. She also leads with Dr Michelle Myall, a project to evaluate a co-produced web-based Implementation Toolkit. Combining enterprise with research is integral to Cindy's work, and she leads projects focused upon using her combined professional roles as researcher, artist and musician to co-produce and research innovative art and music tools to support wellbeing. She is also involved in a study to improve implementation of a compassionate care initiative (CCI) in mental health settings, as well as research intervention studies in the area of polypharmacy and person-centred care relating to social care settings.

BACKGROUND

The complexity of implementing innovations across health and social care has been compounded by Covid-19, resulting in rapid, multifactorial changes. While many implementation models, frameworks and tools are available, issues with design, accessibility and being tailored to specific audiences have limited opportunities for adoption. To address these limitations, we propose adoption of a co-produced web-

based implementation toolkit (WIT). WIT offers helpful, accessible and usable tools for a range of user groups to facilitate adaptive implementation across health and social care.

METHOD

A mixed method survey (n=31), with stakeholders including health and social care professionals, public contributors, academics and third sector organisation representatives confirmed there was a need for the toolkit. Online interactive workshops with stakeholders from across these sectors were held to co-produce WIT. An evaluation of WIT is currently underway.

RESULTS

WIT is designed to support adaptive implementation; focusing on early consideration of implementation factors to afford a flexible and dynamic approach, prioritising both what needs to be considered and how to operationalise this. It comprises of three components; an interactive implementation wheel, checklist and webinars. Consistent to all are six domains. Preliminary evaluation findings demonstrate WIT's potential to support implementation at an early stage within health and social care settings.

CONCLUSION

Given the complexity of implementation within health and social care settings, WIT offers valuable user-centred tools to afford a flexible and adaptive approach to support implementation in dynamic and rapidly changing health and social care contexts.

How do teams tailor improvements in diabetes care: Preliminary findings from a Process Evaluation study

O36

PRESENTER

Elaine O' Halloran

AUTHORS

Elaine O' Halloran, Melissa Girling, Michael Sykes and Tracy Finch (on behalf of the EQUIPD team)

BIOGRAPHY

Elaine works within the Dept. of Nursing, Midwifery and Health at Northumbria University as a Senior Research Assistant on the EQUIPD study. The study will evaluate quality improvement collaboratives aligned to a national audit of diabetes care, to improve the uptake of insulin pumps for people with diabetes in England and Wales.

Elaine qualified with a BA (Hons) in Applied Psychology from University College Cork (UCC) in 2005 and then completed an MA in Forensic Psychology at UCC and subsequently an MSc in Health Psychology from the University of Galway in 2021.

Prior to joining Northumbria University, Elaine worked in a variety of roles within the health and social care sector including in disability, autism and mental health services, as well as in teaching and training.

BACKGROUND

NICE guidelines recommend insulin pump therapy for the treatment of Type 1 Diabetes patients with HbA1c above 69mmol/mol. There are about 60,000 patients that meet these criteria but who do not use a pump and significant variation by deprivation, ethnicity, sex, and location. Much of this variation is likely to be attributable to staff and local organisational factors.
Diabetes services across England and Wales were invited to participate in a trial evaluating the effectiveness of a Quality Improvement Collaborative (QIC) aligned to the National Diabetes Audit to increase the use of insulin pumps. The QIC supports diabetes specialist teams to select, and generate commitment for, improvement actions aligned to their local influences and contexts. Within the QIC, the Theoretical Domains Framework is used by clinical teams to identify influences upon care. Teams then undertake a virtual logic model exercise to align improvement strategies to these influences. We aim to describe how teams enact tailoring.

METHOD

We use observations, documentary analysis and semi-structured interviews to explore how teams undertake tailoring work during the initial workshops and throughout the 15-month QIC. We categorise the selected and enacted improvement actions using the Expert Recommendations for Implementing Change (ERIC).

RESULTS

Preliminary findings from the QIC workshops describing the links between the diabetes care pathway, identified influences and proposed improvement strategies will be presented. Influences relate to patient (e.g., skills, emotion), staff (e.g., motivation, beliefs about capacity) and contextual factors (e.g., environmental context, social influences).

CONCLUSION

Exploring how teams identify the factors that influence their practice, and how and why these influences link to the strategies selected by teams to improve quality in their local contexts will support our understanding of the effectiveness of tailoring in complex interventions.

Hearing for all: Design and delivery of a sustainable Auditory Implant Programme.

O37

PRESENTER

Andile Sibiya

AUTHORS

Andile L Sibiya, Ayanda Gina, Bianca Birdsey and Zandile Shezi

BIOGRAPHY

Dr. Andile Sibiya is an ENT surgeon with special interest and expertise in otology and laryngology. As the Academic Head of Otorhinolaryngology at the University of KwaZulu-Natal, she leads teaching, research, and training initiatives. Concurrently, she takes an active role in shaping ENT service design and delivery in KwaZulu-Natal's public sector. Passionate about improving access to specialised clinical care, Dr. Sibiya has been instrumental in delivering surgical training workshops within the province and has participated as invited faculty in various training courses across South Africa. Dr. Sibiya holds an MBA from Oxford University, which has bolstered her strategic thinking and pragmatic inclination toward research rooted in Implementation and Health Systems Improvement.
Through her multifaceted engagement in education, clinical service design, and public health, Dr. Sibiya is committed to making a meaningful impact on improving the healthcare landscape in KwaZulu-Natal.

BACKGROUND

The sustainability of cochlear implant programmes in LMIC's is threatened by contextual and ecological system factors. Hearing loss is the most common sensory disability and the third greatest contributor to the global burden of disease. Communication disorders resulting from untreated hearing loss significantly

contribute to poverty in LMICs. KwaZulu-Natal (KZN) is the second most populous province in South Africa and the third poorest province in the country. Until 2021, KZN was the only large province without a public sector implant programme.

METHOD

The Dynamic Sustainability Framework (DSF) is used to describe this programme's design and initial delivery; namely, the fit between Intervention, Practice Setting and Ecological System. A task team consisting of an ENT surgeon, rehabilitationist, audiologist, and Activist for Deaf children, designed a contextually relevant model for service delivery within KZN. Qualitative methods using a case study approach were adopted. Unstructured interviews were conducted with purposively selected existing state programmes affiliated with the South African Cochlear Implant Group (SACIG). Data was analysed using thematic analysis.

RESULTS

Pre-emptive and iterative consideration of the intervention, context and ecological characteristics enabled rapid delivery of the programme. Within one year of launch, the programme had developed a team with three implanting surgeons, three specialized Audiologists, as well as a network of radiologists, psychologists, social workers and paediatricians. In the first year alone, the team had successfully implanted 8 patients, with a growing number on the waiting list.

CONCLUSION

The programme remains a sustainable entity despite staff and mentor emigration; hospital management turnover; prohibitive exchange rate fluctuations; and even major changes in the political landscape. Rational use of limited public health resources was considered at all stages of design and delivery. The sustainability rests in the intentional design that took place where change was considered inevitable, and ongoing responsible patient care was non-negotiable.

Implementing the 'Continuity of Care' Concept through Team-based Care: Lessons Learned

O38

PRESENTER

Chirk Jenn

AUTHORS

Chirk Jenn Ng, Swetha Saravana-Kumar, I Gusti Ngurah Prawira Suartha Oka, Chui Yee Loke and Lok Pui Ng

BIOGRAPHY

Chirk Jenn Ng (CJ) is a Clinical Professor of Family Medicine at Duke-NUS Medical School in Singapore. He is also a Senior Consultant Family Physician at SingHealth Polyclinics, where he practises and conducts primary care research. CJ's research interests are in shared decision making, digital health and implementation science. He leads the EmPaTHy programme which aims to conduct research to empower patients and healthcare professionals to enhance patient centred care through technology, focusing on chronic diseases. He also trains and supports primary care decision makers and providers to design, evaluate and implement health services.

BACKGROUND

Continuity of care (COC) has been proven to be effective in improving the patient-doctor relationship and patient health outcomes. This study was based on a pilot study that aimed to enhance COC in a Singapore public primary care setting by transforming the clinics from a 'one patient, one clinic' to a 'one patient, one team' model. The study aimed to identify the barriers and facilitators to implementing this new model of care.

METHOD

A qualitative study was conducted among 15 doctors, 6 nurses, 6 health pals, 12 management team members and 7 patients in two polyclinics between January and April 2023. A total of 28 in-depth interviews were conducted using interview guides. The interviews were audio-recorded, transcribed verbatim and analysed using a thematic approach. The NVivo software was used to manage the data.

RESULTS

This study found that while patients, healthcare providers and management recognised the importance of COC, incorporating the concept into the existing clinical care pathway was found to be challenging. Three main themes emerged: team size, team stability and information technology (IT) support. Manpower shortages and the provision of concurrent services resulted in difficulties in implementing the initial planned smaller team size and composition of 4 doctors, 2 nurses and 2 care coordinators. Additionally, COC was further impacted by the lack of stability within the care teams, due to the manpower movement across clinics and

leaves. Finally, backend IT restructuring required significant time and user familiarisation to proficiently tag patients to a team and displaying it clearly on the electronic records.

CONCLUSION

Institutional support and prioritization of the new model of care are critical in ensuring its successful implementation, as this requires the institution to address existing systemic challenges, such as IT restructuring as well as increase or reshuffling of manpower.

Process evaluation of the implementation of the 'Health Pals' concept in delivering preventive care: A qualitative study

O39

PRESENTER

Swetha S Kumar

AUTHORS

Swetha S Kumar, Prawira Oka, Ng Lok Pui, Loke Chui Yee and Ng Chirk Jenn

BIOGRAPHY

Dr Swetha is a Dental Surgeon by training and has a Master of Public Health (MPH). She is currently working as a Research Associate at the Department of Research in SingHealth Polyclinics. Her research interests include digital health, infectious and chronic diseases, operational and health service research. Dr Swetha is currently supporting the EmPaTHy Programme in conducting evaluation studies and was instrumental in evaluating the My Care Team model in SingHealth Polyclinics.

BACKGROUND

Preventive care is often neglected in primary care due to high patient volume and limited consultation time. A proven model to overcome these challenges is to train non-clinical staff ('health pal') to deliver preventive care. Since July 2022, a

Singapore public primary care institution pilot tested the 'health pal' model by training existing patient service associates to provide preventive care for patients with chronic diseases. As part of process evaluation, this study aimed to explore challenges faced by health pals when performing this new role.

METHOD

A qualitative study was conducted in two polyclinics from January to April 2023. A total of 6 health pals, 12 management team members and 7 patients participated in 25 in-depth interviews. Two researchers conducted interviews using semi-structured guides, which were audio-recorded, transcribed verbatim and checked. The data was managed using NVivo software and analysed thematically. Additionally, detailed field notes were taken during direct observation of four consultations between health pals and patients.

RESULTS

While health pals welcomed their new clinical role, they faced some challenges in task execution. Despite their initial training, the health pals expressed the need for initial on-site "hand-holding", and refresher courses as new patient queries emerged during implementation. Care delivery was hampered by their limited access to electronic medical records, resulting in an inability to obtain the patient's full medical history. Direct observation revealed that although health pals were confident in assessing patients' needs and offering screening and immunization, they were less confident in explaining the procedures when asked by patients.

CONCLUSION

This study highlights the importance of continuous training and support when transitioning non-clinical staff to undertake a clinical role. Determining the level of access to the electronic medical record is essential to empower the health pal to deliver appropriate preventive care while ensuring patient confidentiality.

Facilitating the implementation of unscheduled care coordination hubs using tests of change and a rapid, relevant and responsive approach to evaluation

O40

PRESENTER

Kristian Hudson

AUTHORS

Kristian Hudson and Zuneera Khurshid.

BIOGRAPHY

Dr Kristian Hudson is an implementation specialist working within the NIHR Yorkshire Humber Applied Research Collaboration (YHARC). Kristian provides implementation support to many stakeholders including researchers, programme teams and healthcare staff. He is interested in empowering and facilitating these stakeholders to generate local implementation knowledge so they can implement things that matter to them, overcome implementation barriers as they arise and generate 'within system learning'. Kristian and his team have developed an innovative approach to capturing the all-important practical implementation knowledge that arises from within system learning using a rapid, responsive and relevant approach to evaluating implementation.
Kristian runs a podcast called Essential Implementation where he talks to implementation specialists and researchers around the world.

BACKGROUND

Unscheduled care coordination hubs could be a potential solution to overburdened ambulance demand and pressures on accident and emergency (A&E) departments in the UK. They offer a single point of access for unscheduled care where a multidisciplinary team takes calls off the ambulance service call stack and rather than send an ambulance, attempt to provide care to patients in their normal place of residence in less time. The aim is to reduce ambulance conveyance rates and improve patient experience. Implementation science principles along with improvement practices ('tests of change' and 'plan, do, study, act' (PDSA) cycles) were used to implement the care hub. A rapid, relevant and responsive evaluation was carried out to evaluate implementation and aimed to capture the complexity of the implementation process, generate transportable findings and facilitate 'within system learning' and implementation success.
The aims of this study were:
• To develop a process map of the implementation of the USCCH hub model (including the engagement process and the tests of change).
• To capture in detail the complexity of the implementation journey i.e. the interaction between the USCCH, the ever-changing context and the test of change approach
• To understand what worked well, what didn't work well and identify key practical insights and transportable findings for implementation elsewhere.
• Use the Consolidated Framework for Implementation Research to understand multi-level contextual determinants of implementation.

METHOD

For the implementation, a process of engagement was followed by an initial 5-day test of change. This was then followed by three one-month tests of change. For the evaluation rapid qualitative analysis techniques (Stanford Lightning reports) were used to capture 'within system learning' that occurred across the test of change period. Baseline and end-of-study interviews were also conducted. The idea was to capture contextual evidence about what worked well, what didn't go well and any key insights from participants or from our research team on 'how to' practically implement USCCH. Results were consolidated into transportable findings and the Consolidated Framework for Implementation Research was used to understand multi-level contextual determinants of implementation. The methodology therefore presents a combination of improvement science practices and implementation science techniques with the aim of producing transportable findings suitable for use across contexts, systems and cultures.

RESULTS

The initial engagement period and the tests of change proved to be an effective approach to implementation. The evaluation proved to be useful in capturing 'within system learning' and producing transportable findings. It also facilitated the implementation effort. High tension for change, external change agent, key stakeholder engagement and having an ambulance member present in the care hub were strong facilitators of implementation. Commitments, ownership and governance, learning environment, reflecting and evaluation and political drivers had mixed or negative effects on implementation. Lightning reports proved useful to both researchers and the unscheduled care coordination hub team.

CONCLUSION

Unscheduled care coordination hubs have the potential to improve unscheduled care provision through a single point of access. However, the main objectives of the hub need to be agreed from the start and the learning environment needs to encompass individuals and teams outside of the hub. Tests of change seem to be a highly effective approach to implementation. The combination of improvement practices and implementation science evaluation techniques offered an effective approach to implementing and evaluating unscheduled care provision. Engagement seems to be an important precursor to this approach. It might be a good idea for implementation researchers to move from traditional, top-down research approaches to participatory and embedded implementation research evaluations as this seems to be a good way to capture practical implementation knowledge.

Using the Exploration, Preparation, Implementation, Sustainment (EPIS) framework to adapt a sexual and reproductive health

intervention for Latina teens and female caregivers

O41

PRESENTER

Kate Merrill

AUTHORS

Katherine G. Merrill, Jacqueline Silva, Jacqueline Fuentes, Angela Sedeño, Susana Salgado, Sara Vargas, Jennifer Cano, Veronica Nabor, Jamison Merrill, Jeff DeCelles, Kate Guastaferro and Geri Donenberg

BIOGRAPHY

Kate Merrill is a postdoctoral research associate at the Center for Dissemination and Implementation Science, within the University of Illinois at Chicago's Department of Medicine. Her work focuses on designing, adapting, delivering, and evaluating social and behavioral interventions for vulnerable populations using an implementation science approach. Her current research centers on interventions addressing sexual and reproductive health, HIV, violence, and mental health among young people in Chicago and sub-Saharan Africa. She holds a PhD from the Johns Hopkins Bloomberg School of Public Health and an MSc from the London School of Hygiene and Tropical Medicine.

BACKGROUND

Latina teens are disproportionately impacted by adverse outcomes of risky sexual behavior. IMARA (Informed, Motivated, Aware, and Responsible Adolescents and Adults) is an evidence-based sexual health program for Black teen girls and their mothers. We set out to adapt IMARA for Latina teens and their female caregivers (FCs) (e.g., mothers, aunts) using the Exploration, Preparation, Implementation, Sustainment (EPIS) and Escoffery's intervention adaptation frameworks.

METHOD

In the Exploration phase, we conducted 6 focus groups (2 with Latina teens, 2 with FCs, 2 with staff from community partner organizations (CPOs)) and a scoping review of evidence-based sexual and reproductive health (SRH) programs for Latina teens and families to assess the potential fit of IMARA for Latinas and identify key curriculum constructs to include. In the Preparation phase, we conducted 6

additional focus groups (1 with Latina teens, 1 with FCs, 3 with CPO staff, 1 with original IMARA facilitators) and 7 key informant interviews to determine how to implement and sustain the adapted program. Lastly, we theater-tested the adapted program with 5 Latina teen-FC dyads over two days.

RESULTS

Exploration phase findings revealed positive perceptions among all stakeholders of a SRH program to help Latina teens and FCs communicate about "taboo" topics in Latino culture. The scoping review identified 10 evidence-based SRH programs out of 3,970 studies screened. None targeted Latina teens and FC, reinforcing our decision to adapt IMARA. The 10 programs informed content to address in the adapted program (e.g., unplanned pregnancy). Preparation phase findings revealed how, when, and where to implement the program and sustainability ideas. Latina teens and FCs provided detailed feedback on curriculum content during theater testing.

CONCLUSION

Findings from the Exploration and Preparation phases will inform Implementation of the adapted intervention in a pilot optimization trial using the multiphase optimization strategy (MOST) framework and plans for Sustainment.

Tailored strategies to address determinants of practice: A systematic review protocol.

O47

PRESENTER

Fiona Riordan

AUTHORS

Sheena M. McHugh, Fiona Riordan, Jane Murphy, Laura-Jane McCarthy, Claire Kerins, Eimear Morrissey, Danielle R. Adams, Siobhan O'Connor, Eilis O'Reilly, Rosemary Meza, Cara C. Lewis, Byron J. Powell, Michel Wensing, Signe Flottorp and Luke Wolfenden

BIOGRAPHY

Dr Fiona Riordan is a Senior Postdoctoral Researcher in the School of Public Health, UCC. Her research interests include implementation science, quality improvement and health service evaluation particularly in the areas of integrated care and chronic disease management. Currently, Fiona works on the CUSTOMISE project, which aims to explore the process and impact of tailoring strategies to implement evidence-based interventions. Before her current position Fiona worked as a Postdoctoral Researcher on the IDEAs study, managing a pilot cluster-randomised trial and process evaluation of an implementation intervention to enhance the uptake of diabetic retinopathy screening. Fiona has a PhD in Health Services Research from UCC and a MPH from Imperial College London.

BACKGROUND

Tailoring has generally been described as a prospective process for selecting and modifying strategies to address contextual determinants of implementation to increase implementation success. A Cochrane review (2015) reported a small to moderate effect of a tailored strategy compared to no strategy or a non-tailored strategy, concluding that methods of tailoring are not yet well-developed or described in published studies. Since 2015, numerous studies of tailored strategies have been published. Therefore, we aim to update this review to determine the effectiveness of tailored strategies in improving professional practice and healthcare outcomes.

METHOD

We conducted searches of The Cochrane Library, MEDLINE, EMBASE, PubMed, CINAHL, and the British Nursing Index, two grey literature databases, and three trial registers. Studies were eligible for inclusion if they were randomised controlled trials of tailored strategies that reported either professional practice or patient healthcare outcomes and where at least one group received a tailored strategy. Title/abstract and full texts were screened independently in Covidence by two authors. Two authors will independently assess quality and extract data.

RESULTS

Overall, 6772 papers were identified from database searches and 2479 from trial registers. Full text screening (n=788) is underway. For each comparison for each outcome, we aim to conduct a pooled quantitative synthesis and, where unfeasible, use a narrative synthesis approach in line with the Synthesis Without Meta-analysis guidance. We will conduct the following subgroup analyses: sample size; study setting (high/middle/low-income countries); use of theory, evidence, and stakeholders in the tailoring process.

CONCLUSION

Since the last revision of this review, several new studies of tailored strategies have been published, partly owing to the legitimization of the field with the flagship journal, Implementation Science (2006), and subsequent field-specific journals. This review update will identify additional evidence on the effectiveness of tailoring and how it can be undertaken most effectively.

Implementation-minded policy making: An evidence synthesis

O48

PRESENTER

Jane Lewis

AUTHORS

Jane Lewis, Anne-Marie Baan, Emma Wills, Amy Lloyd and Dan Bristow

BIOGRAPHY

Jane Lewis is a Managing Director at the Centre for Evidence and Implementation (CEI), responsible for CEI's work in the UK and Europe. CEI is an evidence intermediary with offices in London, Norway, Melbourne, Sydney and Singapore. We specialise in the application of implementation science and practice to improve policies, services and programmes in order to help people in communities facing adversity. Jane's work centres involves assessment of and strategies for implementation and scale-up, and spans intervention and implementation evaluations, programme development, and evidence synthesis. Jane's background was in research and evaluation and then in research dissemination and take-up before she found her way – driven by frustration at the limited impact of evidence – into the world of implementation science. Before joining CEI she was responsible for innovation, development, implementation and scale-up of Save the Children's UK early childhood programmes.

BACKGROUND

Across policy fields, there is recurrent evidence that policies often fail to achieve their objectives, explained in part by implementation challenges. Features of government-led policy raise particular challenges, including that such policy is developed by individuals and groups distant from implementing settings; mandated or regulated;

intended to be applied widely; and driven in part by political interests that may not reflect sectoral interests. Our study analyses the features of policy implementation that are associated with success and failure, looking across policy fields. We synthesise policy implementation barriers and facilitators, and the strategies used or recommended to address them in policy development and policy implementation.

METHOD

We identified policy resources (e.g. guides and toolkits) that make recommendations for policy implementation. Through a systematic organisational website search, we identified and screened 113 resources and selected 10. We searched seven databases for systematic and other reviews of studies and evaluations of policy implementation and that identify associated barriers, facilitators and strategies. We screened 4043 potentially relevant texts, identified 50 as eligible, and prioritised 15 for inclusion. These covered a range of policy domains, forms of government and implementation settings.

RESULTS

The degree to which policies are aligned with their implementation contexts (e.g. social, institutional, political) creates potential barriers and facilitators which can be addressed in policy development or delivery or both, with mutually reinforcing and compensating mechanisms at play. Successful implementation requires justified and clear policy objectives, selection of comprehensive and tailored change strategies, stakeholder engagement, leadership, implementation planning, resource allocation, and monitoring and evaluation.

CONCLUSION

Policy effectiveness calls for approaches that embed implementation thinking in policy development, rather than viewing implementation as a discrete phase of policy execution or delivery.

Evaluation of implementation of the GLA:D® Ireland programme for hip and knee osteoarthritis across public and private healthcare settings in the first year

O52

PRESENTER

Clodagh Toomey

AUTHORS

Clodagh M. Toomey, Avantika Bhardwaj, Norelee Kennedy and Anne MacFarlane

BIOGRAPHY

Dr Clodagh Toomey is a Physiotherapist and Research Fellow at the School of Allied Health, University of Limerick. Clodagh completed her PhD at the University of Limerick in 2014 and a Postdoctoral Fellowship in 2017 at the Sport Injury Prevention Research Centre, University of Calgary, where she also holds an adjunct position. Her clinical and research experience has focused on prevention and management of musculoskeletal disease across the lifespan. Most recently, she was a recipient of a Health Research Board Emerging Investigator Award which is investigating how to optimise implementation of clinical guidelines for osteoarthritis in practice. Clodagh is the research lead on the Good Living with osteoArthritis Denmark (GLA:D®) initiative in Ireland.

BACKGROUND

The Good Life with osteoArthritis Denmark (GLA:D®) non-profit initiative is a bottom-up approach to deliver evidence-based care, including exercise and education, to people with hip or knee osteoarthritis. GLA:D® Ireland commenced in October 2021, using a participatory approach to co-design implementation strategies that would ensure optimal and equitable access to the evidence-based programme. The objective is to determine the adoption, acceptability, appropriateness, feasibility and penetration of GLA:D® Ireland across different healthcare settings in Ireland, in the first year of implementation.

METHOD

Quantitative implementation outcomes collected from the GLA:D® Ireland Registry were analysed from November 2021–2022. Physiotherapists who completed a two-day training course were asked to register patients with osteoarthritis who underwent the intervention, using REDCap™ electronic data capture form. Patients were subsequently sent questionnaires to complete. Table 1 lists implementation evaluation methods and results.

RESULTS

In the first year, 71 physiotherapists attended one of three GLA:D® training courses (41% primary care, 38% public hospital, 21% private practice). Of 130 patients screened, 41% were from the three sites with more than one physiotherapist trained (one primary care (n=2) and two public hospital sites (n=4 each)).

CONCLUSION

While GLA:D® was found to be acceptable, appropriate and feasible, and was adopted by many primary care settings in the first year, penetration was more successful in acute hospital settings, with more resources, physiotherapists trained and consultant referrals. A greater understanding of enablers to implementation in primary care settings may help to ensure timely and equitable access to the programme across Ireland.

A process evaluation of a quality improvement collaborative (QIC) to improve the uptake of insulin pumps for people with type 1 diabetes (EQUIPD Study)

O53

PRESENTER

Melissa Girling

AUTHORS

Melissa Girling, Elaine O' Halloran, Michael Sykes, Tracy Finch (on behalf of the EQUIPD team)

BIOGRAPHY

As a social scientist, Dr Girling's research is committed to developing and applying innovative research methods that produce knowledge about how health and social problems are understood in vulnerable populations and how complex interventions are developed and implemented. Her research interests are informed by social science theory and are both academically focused as well as grounded in 'real' service development and innovation.

BACKGROUND

People with type 1 diabetes and raised blood sugar levels are at greater risk of health complications. NICE recommends continuous subcutaneous 'insulin pump' therapy for people with type 1 diabetes and high blood sugar levels. The National Diabetes

Audit (NDA) has identified over 90,000 who meet these criteria but who are not using an insulin pump. Increasing the capabilities of healthcare providers to respond to feedback from national audits may improve care. The EQUIPD study is an efficient cluster randomised trial of a quality improvement collaborative (QIC) aligned to the National Diabetes Audit that seeks to enhance the improvement capabilities of feedback recipients to increase the uptake of insulin pumps in line with NICE guidance.

METHOD

Over a trial period of 34 months, we are undertaking a process evaluation to understand intervention implementation, engagement, fidelity and tailoring of actions. The evaluation includes observations of QIC virtual workshops, theory-informed interviews with intervention participants, and documentary analysis (e.g., Jamboards). The analytic process will draw upon: organisational readiness to change theory to describe the target behaviours undertaken by intervention recipients; normalisation process theory (NPT) to explore how teams implement the target behaviours and, behaviour change techniques (BCTs) to describe delivery.

RESULTS

The process evaluation is ongoing. Initial stages have focused on coding behaviour change techniques within the intervention materials and conducting fidelity assessment of their delivery within virtual workshops. Next steps will include analysis of semi-structured interviews with intervention participants.

CONCLUSION

The process evaluation alongside an effectiveness trial provides an opportunity to describe how implementers engage with the QIC intervention overall to support improvement activity and how context influences this work (implementation and engagement); assess fidelity of delivery, receipt, and enactment of the QIC intervention (fidelity) and describe how teams enact tailoring (tailoring).

Using logic models to advance the implementation of complex genomics sequencing within a complex care pathway

O54

PRESENTER

Joey Elias

AUTHORS

Joseph Elias, Rona Weerasuriya, Melissa Martyn, Sophie O'Haire, Kortnye Smith, Clara Gaff and Natalie Taylor

BIOGRAPHY

Joey Elias is a PhD candidate currently investigating the implementation of a novel, nurse-led and distance-delivered program aimed at re-engaging survivors of childhood cancer back into lifelong care. He completed his honours degree in Psychology at the University of Sydney, where he explored a preclinical microbiome targeted treatment for cognitive challenges induced by chemotherapy. Joey's research interest has shifted to exploring the psychosocial challenges faced by cancer survivors, with a focus on the factors influencing implementation of new innovations within health systems.

BACKGROUND

Advances in complex genomic sequencing (CGS) raise the possibility of personalised care for advanced cancer patients. However, oncologists report many challenges to use of CGS, particularly outside academic centres of excellence. Implementation science methods can inform the design of service interventions to improve the incorporation of CGS within care pathways. Our study aimed to develop an Implementation Research Logic Model (IRLM) to represent the optimal pathways for CGS implementation.

METHOD

Phase 1: Interviewed oncologists (n=11) who delivered CGS to advanced cancer patients. Barriers were coded to the CFIR, and implementation strategies were matched using the CFIR/ERIC tool. Three service model interventions emerged through intuitive coding (centralised experts, local superusers, and point of care resources), and were well-aligned with ERIC strategies. Phase 2: Conducted virtual focus groups with oncologists (n=10), facilitated by an online quantitative data collection tool, to gather preferences for the operationalisation of each service model. CFIR/ERIC was used to generate a suite of service model-specific implementation strategies. Data collected across both phases was inputted into an IRLM.

RESULTS

The IRLM represents a number of hypothesised relationships between implementation factors for each service intervention. For example, the IRLM describes the local superuser (LSU) (ERIC: identify/prepare champions) as a service intervention that can address oncologists' low confidence to discuss germline findings during patient consenting (CFIR: self-efficacy). The IRLM also represents operational challenges such as difficulties recruiting superusers at regional/rural sites (CFIR: available resources) and proposes identifying site-specific barriers/facilitators (ERIC: assess for readiness) to enable sites to train appropriate LSU's and plan for continuity/redundancy (hypothesised mechanism).

CONCLUSION

IRLMs offer a framework for describing causal pathways and complex relationships between implementation determinants, interventions, and outcomes. Ultimately, these assumed relationships can be theoretically or empirically evaluated to aid in the development of more effective implementation/service interventions.

Implementation of a national programme for people presenting to emergency departments with self-harm and suicide-related ideation: a qualitative study of implementation determinants

O56

PRESENTER

Selena O'Connell

AUTHORS

O'Connell, S., Cully, G., McHugh, S., Maxwell, M., Jeffers, A., Kavalidou, K., Lovejoy, S. and Griffin, E

BIOGRAPHY

Selena joined the National Suicide Research Foundation and School of Public Health, UCC in 2021. She initially worked across three projects with a focus on developing suicide bereavement supports. She now works on the PRISM project led by Dr Eve Griffin. Within this project, she is the primary researcher on a work package which

aims to identify the determinants contributing to the implementation of the National Clinical Programme for self-harm and suicide-related ideation across Irish hospitals. As a postdoctoral researcher, she also previously worked on mySupport Study: a cross-case analysis of the implementation of an intervention to facilitate family involvement in decision-making regarding end-of-life care for people with dementia; and with the Health Implementation Science and Technology (HIST) Cluster in University of Limerick across a number of projects involving implementation science.

BACKGROUND

A national clinical programme (NCP) was first introduced in Ireland in 2014 to standardise the assessment, care planning and follow-up of people presenting to the emergency department (ED) with self-harm or suicidal ideation. This study aimed to explore the determinants of implementation of the NCP.

METHOD

The Consolidated Framework for Implementation Research (CFIR) and documentary analysis were used to inform the interview topic guide. Semi-structured interviews (n=30) were conducted with staff involved in delivering the programme, primarily Clinical Nurse Specialists, Consultant Leads, Nursing Management and Emergency Medicine representatives. Participants were asked about the factors affecting implementation in early years (approx. 2015-2017) and in later years (2019-2022). Thematic analysis was used with primarily deductive coding based on CFIR and additional codes developed inductively. A second researcher independently coded 20% of transcripts. Findings were reviewed by the research team and are in the process of being finalised following review and feedback by NCP staff.

RESULTS

All five CFIR domains were influential. Prominent factors were the perceived relative advantage of the NCP and clarity of key pillars of the programme as delivered in ED (innovation); links with community and primary care providers, financing and national-level governance (outer setting); relationships between members of the implementation team, availability of resources and infrastructure within the ED (inner setting); and processes of recording data and feeding back to sites (implementation process).

CONCLUSION

This study highlights the range of factors influencing a programme rolled out at a national level across ED's. The context of existing services within hospitals strongly influenced the process of implementing the programme. Strategies that facilitated implementation included audit and feedback, promoting networking between sites, as well as supporting staff through regular meetings, training and career progression.

Hearing for all: The evaluation and adaptation of the KwaZulu-Natal Auditory Implant Programme (KZNAIP), South Africa

O57

PRESENTER

Zandile Shezi

AUTHORS

Dr Z. Shezi, Dr A. Sibiya, Dr A. Gina, Dr B. Birdsey

BIOGRAPHY

Zandile Shezi is a qualified audiologist who has been practicing for 15 years. She completed her degree at the University of KwaZulu Natal in 2007. Zandile holds a Master's degree (cum laude) and PhD from the University of KwaZulu Natal (UKZN). She is also a certified mapping audiologist and a Listening and Spoken Language South Africa (LSLSA) certified therapist. She is the co-ordinator of the KwaZulu Natal Auditory Implant Program. Zandile is a Drill fellow, a grant dedicated to "Developing Research, Innovation, Localization and Leadership in South Africa (DRILL)" within the College of Health Sciences. She is a mentor to students within Health Sciences from previously disadvantaged backgrounds and schools who were awarded a bursary. She worked in the public sector from 2008 (community serve) to 2010 and joined the University in 2011. She is a lecturer/clinical tutor within the discipline of audiology for aural rehabilitation and implantable devices. Her areas of interest in audiology include aural rehabilitation, implantable devices, early intervention and research. She has published her research, presented at national and international conferences.

BACKGROUND

The KwaZulu-Natal Auditory Implant Programme (KZN-AIP) was launched in 2021, and an ongoing evaluation is recognized to ensure programme success. Considering the infancy of the KZN-AIP in providing a specialized service within the public sector as well as adopting a newly designed model not previously used within the health sector across South Africa, the effectiveness of this programme is unknown. This study aims to use the re-aim extension programme to evaluate and adapt an auditory implant programme in KZN, South Africa.

METHOD

Post the launch of the KZN-AIP, the following dimensions were considered: Reach: considers the programmes promotion efforts, and number of referrals to measure growth. Effectiveness: considers the number of approved patients and patients implanted successfully, measurement of setting level and staff level. Implementation and Maintenance of the programme.

RESULTS

Reach: in promoting the study, a launch of the programme that included 87 participants was facilitated. Detailed radio interviews and meetings with various stakeholders within the Department of Health, University of KwaZulu-Natal and private sector were conducted. In 2021 and 2022, twenty-six and eighteen referrals were received respectively from 9 different districts of KwaZulu-Natal. Effectiveness: To date, a total of 23 patients have been approved for implantation and a total of 11 patients (3 children, 8 adults) have been implanted. A significant growth is observed with staff development, as the programme began with 1 surgeon and 1 audiologist and currently has 3 surgeons, 3 audiologists and 1 speech therapist. Implementation: Includes referrals of candidates into the programme, assessments, regular candidacy discussions and management. Maintenance: This is an ongoing process that is inclusive of an internal and external programme audit

CONCLUSION

The re-aim framework has provided the structure to systematically plan, implement, maintain and evaluate the KZNAIP while effectively progressing and with funding cited as the biggest challenge.

Developing an intervention and implementation strategy to improve delivery of evidence-based care for knee pain attributed to degenerative meniscal tears

O59

PRESENTER

Helen O'Leary

AUTHORS

Helen O'Leary and Karen McCreesh

BIOGRAPHY

Helen is a Clinical Specialist Physiotherapist at University Hospital Kerry where she works part-time in a musculoskeletal triage role. She is also a post-doctoral researcher at the School of Allied Health, University of Limerick where she holds a Health Research Board Clinician Scientist Fellowship. Her current research is focused on implementing evidenced based care for chronic knee pain, degenerative meniscal tears and osteoarthritis into clinical practice.

BACKGROUND

Non-surgical approaches such as exercise therapy are recommended as first-line therapy for a degenerative meniscal tear (DMT); a common knee pain presentation in Irish orthopaedic clinics. Despite strong recommendations against surgery, arthroscopy remains a common orthopaedic procedure for DMTs. We aimed to develop an intervention and implementation strategy to improve non-surgical management of DMTs in the primary care setting that would target both health care practitioners (HCPs) and patient barriers to evidence based care.

METHOD

The Behaviour Change Wheel (BCW) was used to guide the intervention development process. First, we identified target behaviours through a review of current evidence. Next, we drew on baseline qualitative data with patients (n = 10), GPs (n = 30) and physiotherapists (n=12) to identify determinants of behaviour using the Theoretical Domains Framework (6), mapping these to behaviour change techniques (BCTs) to develop intervention content. Finally, we carried out stakeholder consultation with groups of patients (n = 6) and HCPs (n=12) regarding the feasibility, acceptability, and local relevance of intervention components.

RESULTS

The final intervention, targeting both HCPs and patients, incorporated a range of BCTs. The implementation strategy compromised of an outreach visit with GP training, provision of a GP resource pack for patient consultations, and support from a

bespoke online resource. This strategy also facilitated early access to a physiotherapy session, focused on boosting patients' self-efficacy and self-management skills. Patient behaviours were also targeted with a non-surgical management plan agreed at the first consult, and provision of extra supports around exercise adherence.

CONCLUSION

This study used a systematic theory-based approach, incorporating multiple stakeholder perspectives, to develop an intervention for DMT. Implementing evidence-based approaches, and thereby reducing low value surgical care, could help sustain a health system under increasing strain to provide care for chronic musculoskeletal conditions.

An approach for developing a tailored implementation intervention to implement a web-based application for men's health screening in a primary care setting during the COVID-19 pandemic

O63

PRESENTER

Chor Yau Ooi

AUTHORS

Chor Yau Ooi, Chirk Jenn Ng, Anne E. Sales and Chin Hai Teo

BIOGRAPHY

Chor Yau Ooi is a Family Medicine Specialist and a medical lecturer at Universiti Malaysia Sarawak, Malaysia. He is currently pursuing his doctorate in implementation science at University of Malaya, Malaysia. His work is focused on implementing a web-based application to increase the uptake of health screening in men.

BACKGROUND

A systematic review reported that tailoring implementation strategies to address the determinants of practice is effective. In this study, we propose an approach to develop a package of tailored strategies to implement a web-based application (ScreenMen) for men's health screening in Kuala Lumpur, Malaysia.

METHOD

The tailored implementation intervention was developed using the following steps.
Step 1: Brainstorming session-a panel of experts brainstormed to come up with as many approaches as possible to address the determinants,
Step 2: Mapping of the approaches to implementation strategies-the approaches from the brainstorming session were mapped to implementation strategies from the Expert Recommendations for Implementing Change (ERIC) which is a compilation of 73 discrete implementation strategies from literature,
Step 3: Selection of implementation strategies-implementation strategies were selected based on discussion with experts in primary care and implementation science and the context of the implementation site,
Step 4: Specification of implementation strategies-selected implementation strategies were specified according to seven dimensions: actor, the action, action targets, temporality, dose, implementation outcomes addressed, and theoretical justification,
Step 5: Modification of implementation strategies due to the Covid-19 pandemic-implementation strategies were evaluated using the APEASE (Affordability, Practicability, Effectiveness and cost-effectiveness, Acceptability, Side-effects/safety, Equity) criteria to decide on its feasibility due to restrictions on research activity during the pandemic and
Step 6: Finalized tailored implementation intervention-implementation strategies that were accepted after evaluation with the APEASE criteria were included in the finalized tailored implementation intervention.

RESULTS

A total of 58 approaches were generated and mapped to ERIC strategies. Subsequently, we selected 9 strategies based on their appropriateness and feasibility: involve executive boards, mandate change, provide education and training, create new clinical teams, identify and prepare champions, the use of information and technology, remind clinician, audit and provide feedback, and alter incentives/allowance structures. Following the evaluation using APEASE criteria, we removed 3 implementation strategies. The final tailored implementation intervention consisted of 6 implementation strategies: involve executive boards, mandate change, provide education and training, identify and prepare champions, use of information and communication technology, and audit and provide feedback.

CONCLUSION

Using a systematic method enabled the development of a tailored implementation intervention to implement a web-based application for screening, even during a pandemic.

Scaling-up a virtual culturally tailored diabetes self-management programme for African and Caribbean communities (HEAL-D Online) across NHS regions in England: A qualitative study using the EPIS framework

O64

PRESENTER

Sophie Lowry

AUTHORS

Sophie Lowry, Joseph T S Low, Louise Goff, Sally Irwin, Oliver Brady, Natasha Curran, Nick Sevdalis and Andrew Walker1

BIOGRAPHY

Sophie Lowry is the Implementation and Involvement Manager at the Health Innovation Network (the Academic Health Science Network for south London) and a member of NIHR Applied Research Collaboration (ARC) South London's Implementation & Involvement Team.

With a BSc in Medical Science from the University of Exeter, an MSc in Implementation and Improvement Science from King's College London and a background in operational and project management in both acute and community settings. Sophie's role focuses on supporting the involvement of people with lived experience at a project and strategic level across both organisations as well as the translation of evidence-based research into practice including evaluations.

BACKGROUND

Healthy Eating and Active Lifestyles for Diabetes (HEAL-D) is a culturally tailored self-management education programme co-designed with, and for, African and Caribbean adults with Type 2 diabetes. Developed as a face-to-face intervention, it is now delivered virtually as 'HEAL-D Online'.

This study explores the implementation and adoption of HEAL-D Online in other English regions by understanding the factors affecting scale-up from operational delivery and commissioning perspectives.

METHOD

We conducted focus groups with 15 members of the public of African and Caribbean heritage, and interviews with 6 commissioners and 3 diabetes service providers in three Integrated Care Systems outside of London.

Data was analysed using thematic analysis. The Exploration-Preparation-Implementation-Sustainment' (EPIS) framework informed the analysis approach, focusing on the 'Exploration' stage to consider how HEAL-D Online can address a clinical need whilst considering the contextual factors supporting or hindering implementation.

RESULTS

Focus group findings identified most participants were accustomed to using online platforms, with individuals requesting education on topics covered by HEAL-D Online, suggesting that scaling HEAL-D Online would be acceptable.

Commissioners and service providers highlighted a lack of existing culturally tailored services, and a clear understanding of the benefits that HEAL-D Online, or a similar virtual, culturally tailored programme could offer. Commissioning processes and service capacity varied, though all wanted to understand more around local demand and the clinical and cost-effectiveness of the intervention.

Using EPIS, 'Client Advocacy' (patient needs), 'Funding' (cost of the intervention vs. available funding), 'Interorganisational Networks' (system priorities and relationships) and 'Patient/Client Characteristics' (size of target population) were all identified as areas which could support the spread and adoption of HEAL-D Online.

CONCLUSION

There is strong interest in further exploring population need and scaling of HEAL-D Online in other areas of England, but a key challenge to any virtual scale-up is digital poverty. Addressing this will be required to ensure successful implementation.

Pathfinding, peace-making, power, and passion: Exploring the lived experience of facilitation during implementation of Canada's Mental Health Recovery guidelines

O67

PRESENTER

Lucy Melville-Richards

AUTHORS

Myra Piat, Lucy Melville-Richards, Megan Wainwright, Eleni Sofouli, Marie-Pier Rivest and Kanwar Singh

BIOGRAPHY

Lucy gained her PhD in 2016 exploring the role of boundary objects, shared things and ideas, in implementation through the first iteration of NIHR NHS-university partnerships, CLAHRCs. She has collaborated with NIHR ARC NWC to examine the Health Inequalities Assessment Tool (HIAT) as a boundary object (https://forequity.uk/hiat/ (https://forequity.uk/hiat/)). In 2022 she joined Dr Myra Piat's team at The Douglas Institute of Mental Health Research, McGill University, to investigate the experience of facilitation during the implementation of Canada's mental health recovery guidelines in a CIHR PHSI funded study. An implementation coaching module will be developed and embedded within The Walk the Talk Toolkit (https://walkthetalktoolkit.ca/ (https://walkthetalktoolkit.ca/)) as an outcome.

Lucy is an RMN and splits her time between lecturing in mental health nursing at Bangor University, doing research, and working on an acute CAMHS unit. She lives, practises, and plays in North Wales.

BACKGROUND

We build on a 5-year project to implement Canada's mental health recovery guidelines using the co-produced Walk the Talk Toolkit (https://walkthetalktoolkit.ca (https://walkthetalktoolkit.ca/)). Facilitation is explored from multiple stakeholder perspectives to embed lived experience within the Toolkit, enhancing appeal and inclusivity.

METHOD

This CIHR funded pan-Canadian qualitative study explores facilitation as an active and ongoing process. 40 interviews with those who use and deliver services across 7 mental health organisations, alongside facilitators, examined improving facilitation from each stakeholder's perspective, during planning, implementation, and coaching.

Thematic analysis reveals what is important to stakeholders during facilitation, and how this can be used to enhance the experience and outcomes of future implementation efforts.

RESULTS

Emergent findings revolve around themes of people, process, pitfalls, and payoff. A safe space for those in recovery to engage in implementation is necessary. Conviction, cultural competence, and a nurturing approach are valued facilitator attributes. Establishing parity amongst stakeholders, striking a 'sweet spot' between being directive and enabling, alongside resilience and mediation, are helpful during coaching. Momentum and motivation are improved via the prospect of tangible outcomes. Despite efforts to demystify the CFIR, the language of implementation science remains baffling to many.

CONCLUSION

Co-producing implementation toolkits needs meaningful engagement at all levels involving all stakeholders. Generating ownership during coaching improves success of recovery-oriented interventions, but a shift in leadership can be challenging. Engaging in successful implementation can initiate a legacy of change at an individual and collective level. Work with equity deserving groups including indigenous and LGBTQ+ communities to improve cultural inclusivity is underway. Scaling up across international health and social care is planned.

Minding the gap: The importance of active facilitation in moving boundary objects from in-theory to in-use as a tool for knowledge mobilisation

O68

PRESENTER

Jane Cloke and Lucy Melville-Richards

AUTHORS

Shaima M.Hassan, Lucy Melville-Richards, Adele Ring, Jane Cloke, Sandra Smith, Pooja Sainid, Mark Goodall, Ana Porroche-Escuderoe, Jennie Popaye and Mark Gabbay

BIOGRAPHY

Dr Jane Cloke is deputy for the Director of NIHR Applied Research Collaboration for the North West Coast, supporting the development of the research themes and engaging with ARC NWC partners and stakeholders. Along with Professor Mark Gabbay, Jane worked with colleagues in Liverpool PCT to establish LivHIR, the Liverpool Health Inequalities Research Institute, developing a programme of work focused on addressing health inequalities experienced by the people of Liverpool. This laid the foundation for CLAHRC and now ARC NWC, working collaboratively to co-produce applied research designed to reduce health inequalities and improve the health of our region's population. Currently working on knowledge mobilisation and evaluation (the how, what, why and who); connected research communities and knowledge equity; developing a framework for evaluating impact of applied health research.

Dr Lucy Melville-Richards, Lecturer Mental Health Nursing, Bangor University, @BangorUniLucy gained her PhD in 2016 exploring the role of boundary objects, shared things and ideas, in implementation through the first iteration of NIHR NHS-university partnerships, CLAHRCs. She has collaborated with NIHR ARC NWC to examine the Health Inequalities Assessment Tool (HIAT) as a boundary object (https://forequity.uk/hiat/ (https://forequity.uk/hiat/)). In 2022 she joined Dr Myra Piat's team at The Douglas Institute of Mental Health Research, McGill University, to investigate the experience of facilitation during the implementation of Canada's mental health recovery guidelines in a CIHR PHSI funded study. An implementation coaching module will be developed and embedded within The Walk the Talk Toolkit (https://walkthetalktoolkit.ca/ (https://walkthetalktoolkit.ca/)) as an outcome.

Lucy is an RMN and splits her time between lecturing in mental health nursing at Bangor University, doing research, and working on an acute CAMHS unit. She lives, practises, and plays in North Wales.

BACKGROUND

The Health Inequalities Assessment Toolkit (HIAT) was developed to support those involved in health research to integrate a focus on health inequalities and public involvement. Our study focuses on bringing together the concepts of boundary objects and brokers-as-bricoleurs to explain the implementation of the HIAT within a research capacity building programme.

METHOD

Our study explored the extent to which (i) HIAT operated as a boundary object; and (ii) the ideal conditions to nurture and enhance its effectiveness during knowledge mobilisation. A qualitative approach was employed to analyse two data sets: semi-structured focus groups and telephone interviews; alongside secondary data from an evaluation of the wider research programme within which the capacity building was

situated. Data was thematically analysed incorporating the properties of a boundary object as an analytic framework: meaningfulness, convergence, resonance, and authenticity.

RESULTS

Four main themes identified:
(1) Generating convergence through creating a focus;
(2) Reconciling differences to create a common language;
(3) Workshop facilitators: boundary brokers-as-bricoleurs; and,
(4) Thoughts into action.
The HIAT operated as a boundary object, enabling individuals across the different project teams to galvanise around the issue of health inequalities, explore collaboratively, and incorporate equity within service evaluations.

CONCLUSION

Our findings highlight the importance of involving brokers with an ability to improvise and mobilise around the HIAT, using their expertise to translate and interpret across boundaries and emphasise shared goals. Reflecting on this, a modified tool with additional resources beyond socio-economic causes has been launched as a forum to consider health inequalities from diverse perspectives for use beyond UK health and social care research.

The Mental Health Care in Primary healthcare project (SMAPS) implementation assessment research: Stakeholders analysis protocol

O69

PRESENTER

Ilana Eshriqui

AUTHORS

Ilana Eshriqui, Luciana Cordeiro, Ana Alice Freire de Sousa, Daiana Bonfim and Letícia Yamawaka de Almeida

BIOGRAPHY

Ilana Eshriqui is Researcher at the Albert Einstein Center for Studies, Research and Practices in Primary health Care (CEPPAR) of the Hospital Israelita Albert Einstein, Sao Paulo Brazil. Ilana is graduated in Nutrition at the Federal University of Rio de Janeiro (UFRJ, 2014), with master's degree in human nutrition (UFRJ, 2017) and PhD in Sciences at the School of Public Health of University of Sao Paulo (USP, 2020), with a period as visitor researcher at the Folkhälsan Research Center in Helsinki. She has expertise in Public Health and Nutritional Epidemiology, with focus in practice-based research and implementation science.

BACKGROUND

Stakeholders play a central role in an implementation intervention. SMAPS is developed in three Brazilian states using the Health Care Planning (HCP) methodology and the mi-mhgap trainning to support the Mental Health Care in Primary Health Care (PHC). This study aims to present a protocol to determine stakeholders' analysis concerning their relevance and influence on SMAPS.

METHOD

We developed a standard script to guide focus groups that will be composed of SMAPS's: i. proponents and ii. local stakeholders, including high and mid-level leaders. The Power/Interest Matrix will be used to enable stakeholder analysis.

RESULTS

Three focus group scripts will be virtually developed with a mean duration of 90 minutes. Focus groups will be composed of five moments, allowing the construction of a mental map at the end of the activity: i. presentations; ii. Stakeholder's concept comprehension and discussion; iii) Power and interest concepts discussion; iv) Silent moment to individually fill in the power/interest matrix; v) Group discussion and consensus. Content analysis will be carried out from each group through mental maps, audio recordings and researchers' observations.

CONCLUSION

The health care field has not yet systematized the stakeholder analysis methods. The Power/Interest Matrix can be a relevant tool in health interventions implementation research and can be used to plan the intervention by its proponents, aiming stakeholders' engagement and implementation success.

Exploring MECC implementation within the North East and North Cumbria region (NENC) in

England

O73

PRESENTER

Angela Rodrigues

AUTHORS

Angela Rodrigues, Beth Nichol, Caroline Charlton, Katie Haighton, Tracy Finch, Rob Wilson, Deborah Harrison, Emma Giles, Greg Maniatopoulos, Denise Orange, Craig Robson and Jill Harland

BIOGRAPHY

Dr Angela Rodrigues is an Associate Professor at Northumbria University, Newcastle, UK. She is broadly interested in the design, delivery, and evaluation of interventions to change health-related behaviours that impact on health, illness and healthcare services.

Specific interests include opportunistic, brief interventions (e.g. MECC), diabetes prevention, smoking cessation, weight management, physical activity, digital health, and skin cancer prevention and sun protection interventions.

Dr Angela's academic background is in behavioural science and health psychology, and she uses a range of quantitative and qualitative methods within her research, including systematic reviews, qualitative methods, feasibility studies, pilot and definitive trials, process evaluations and surveys. Her publications have been particularly focused on developing and evaluating complex interventions for behaviour change, with a specific emphasis on theory- and evidence-based interventions. The presenting work has been influential: with ~3000 citations, a Google h-index of 14 and cited in 26 policy documents (Source: Overton, policy impact tracking tool).

BACKGROUND

The Making Every Contact Count (MECC) programme provides training and materials to support public-facing workers to encourage health-promoting behaviour change by utilising the day-to-day interactions between organisations and individuals. The project aimed to analyse MECC implementation, delivery models, service reach and system-level relationships within the North East and North Cumbria region (NENC) in England.

METHOD

A four-part multi-method process evaluation was conducted. MECC programme documents were reviewed and mapped against specific criteria (e.g implementation strategies; MECC implementation guide). An online mapping survey was conducted to establish current implementation/delivery of MECC within NENC settings (e.g local authority, NHS, and voluntary sector). Qualitative research, using individual interviews and group discussions, was conducted to establish further understanding of MECC implementation. A realist approach was utilised, applying Normalisation Process Theory, Theoretical Domains Framework, and Consolidated Framework for Implementation Research.

RESULTS

Our findings were informed by reviewing five documents, survey participants (n = 19), interviews (n = 18), and three group discussions. Overall, the implementation of MECC within the region was in an early stage, with training mostly delivered between rather than within organisations. The qualitative findings highlighted factors that encourage stakeholders to implement MECC (e.g organisational goals that were facilitated by MECC implementation, including the prevention agenda), supporting resources that facilitate the implementation MECC (e.g logic models), and enabling factors that promote MECC sustainability across the region (e.g buy-in from leadership and management).

CONCLUSION

The NENC MECC programme is built around regional leadership that supports the implementation process. This process evaluation of the implementation of MECC identified multi-level barriers and facilitators to MECC implementation across the region. Our recommendation for policy and practice can be taken forward to develop targeted strategies to support future MECC implementation. For example, a standardised infrastructure and strategy is needed to combat delivery and implementation issues identified.

Scaling out: Spreading the delivery of an advance care planning digital intervention from nursing homes to community care

O75

PRESENTER

Kevin Brazil

AUTHORS

Kevin Brazil, Roisin O'Neill, Olivia Jamison, Alice Coffey, Julie Doherty, Owen Doody, Anne Finucane, Julie Green, Karen Harrison Dening, Gary Mitchell and Nancy Preston

BIOGRAPHY

Professor Brazil holds the appointment of Professor of Palliative Care in the School of Nursing and Midwifery, Queen's University Belfast. His research focuses on the structure, process, and outcomes in service and system delivery of quality care for family carers and patients as they near the end-of-life. This work is designed to assist in the development, evaluation and translation of new and innovative interventions to improve access, quality and outcomes in this population. These activities have spanned the United Kingdom, European Union, North America and Southeast Asia. He has over 200 peer review journal publications related to these interests. He has been active on numerous working and advisory groups at the international and national levels and has served on several grant review boards in North America, United Kingdom and the European Union.

BACKGROUND

A goal of implementation science is to expand the use of evidence informed interventions as broadly as possible. 'Scaling-up' has clear meaning in implementation science where an intervention designed for one setting is expanded to other health delivery units within the same or very similar settings under which it has been developed. 'Scaling-out' is a deliberate effort to deliver an intervention to a new population and /or delivery setting. The present project represents an effort to adapt a proven effective COVID-19 centric advanced care planning (ACP) digital intervention for nursing homes to a community nursing setting . The primary objective of this project includes co-developing an ACP digital education resource for community nurses, patients and their family carers. Facilitators and barriers to implementing the ACP digital intervention will also be identified to develop implementation and evaluation guidelines.

METHOD

This study employs a 2-phase co-design approach.

Phase 1 includes four co-design workshops to seek recommendations from nurses, patients and family carers about content and design of the ACP community digital intervention. We also conducted interviews with a subset of patients, family carers and community nurses to explore experiences of ACP and decision support needs.

Phase 2 will include the development of the ACP digital intervention, engaging with community nurses and patients/family carers to complete and evaluate the intervention and its impact.

RESULTS

At the time of the conference Phase 1 of the project will be complete. Strategies that represent participatory adaptation of the ACP digital intervention will be reviewed on their merit for applying 'scale out' evolution.

CONCLUSION

Rapid deployment of effective interventions to populations experiencing service disparity requires methodological options that is underpinned with an ecological and social perspective.

Investigating a role for implementation science in Irish national environmental policy

O77

PRESENTER

Cáit Ní Chorcora and John O'Neill

AUTHORS

Cáit Ní Chorcora and John O'Neill

BIOGRAPHY

Dr John O Neill is the Director of the Institute of Public Administration (IPA). He is currently head of research at the IPA where he focuses on developing and delivering research that meets the needs of the civil and public service across a range of policy implementation challenges including the climate action agenda. John is currently the project lead on research assessing climate action capacity across the civil service and research programmes for the Environmental Protection Agency (EPA) exploring implementation challenges across a wide range of environmental policy areas. Before joining the IPA, John played a lead role in developing and implementing key

policies across several Government Departments (DECLG, DECC & & Department of Transport) including providing technical advice across a wide range of environmental policy areas at both national and international level.

Cáit Ní Chorcora is a researcher at the Institute of Public Administration (IPA), Ireland since January 2022. The mission of the Institute is to assist the public service with the challenges they face across governance and implementation. Cáit's work is focused on improving public services through evidence. Work undertaken closely aligns with the public service reform and modernisation agenda and aims to increase awareness and stimulate informed debate and further thinking on key policy and public management issues. Since 2022, much of Cáit's work has focused on progressing the IPA's research programme for Ireland's Environmental Protection Agency (EPA) which has a strong focus on implementation of environmental polices/programmes at national and local level. Her research aims to assess the potential of applying implementation science in wider policy domains (i.e. environmental policy) to facilitate better, more effective policy coherence and implementation in the fields of environmental research and climate change.

BACKGROUND

The mission of the Institute of Public Administration (IPA) in Ireland is to assist the public service with the challenges they face across governance and implementation. This research is looking to address the challenge faced by Ireland's Environmental Protection Agency (EPA) in unlocking implementation of key polices/programmes at national and local level.
Specifically, the research aims to assess the potential of applying implementation science in wider policy domains (i.e. environmental policy) so as to facilitate better policy coherence and implementation in the fields of environmental research and climate change.

METHOD

The initial element of this research is a comprehensive review of the implementation science literature, focusing on clearly defined areas within health and social care sectors, but also covering wider policy implementation and building on the work by Hering (2018) in assessing relevance of concepts, tools and approaches that are transferable to other sectors such as environmental policy.
The second step will involve consideration of relevant implementation science frameworks for direct applicability in policy areas which are well established (climate adaptation) but also where policy development is still evolving (land use).

RESULTS

Our key findings to date include:
• A wide spectrum of approaches to implementation science identified – from the very controlled and confined environment of a fixed community response (i.e. drug intervention scenarios) to approaches where wider policy decisions need to be considered at national/regional or local levels.

• Within this wide spectrum outlined above, it becomes more challenging to define exact applicability of implementation science frameworks when encountering more general evidence for policy considerations.

CONCLUSION

Hybrid possibilities exist to apply implementation science across other disciplines/sectors, such as the environment. Within this context, potential exists to facilitate more efficient and effective public administration processes, thus potentially creating far-reaching benefits for wider society in complex policy areas such as climate.

Sustaining and scaling-up best practices to improve nutrition care in Canadian hospitals using a mentor-champion program

O79

PRESENTER

Katherine Ford

AUTHORS

Katherine L Ford, Celia Laur, Roseann Nasser, Rupinder Dhaliwal, Johane P Allard, Leah Gramlich and Heather H Keller

BIOGRAPHY

Dr. Katherine Ford is a Registered Dietitian and a Canadian Institutes of Health Research (CIHR) Health System Impact Postdoctoral Fellow at University of Waterloo. She also holds a Mitacs Elevate Fellowship in conjunction with the Canadian Nutrition Society. During her fellowship, Katherine is supporting the Canadian Malnutrition Taskforce with integrating a malnutrition care standard in Canadian hospitals. Katherine's PhD work at the University of Alberta investigated the determinants of protein intake and the role of a high protein diet in maintaining muscle mass during chemotherapy treatment for colorectal cancer. Katherine utilizes her experience as Dietitian to bring a clinical perspective to her research and is interested in better understanding the impact of nutritional assessment and interventions on patient-oriented outcomes and how to spread and scale effective interventions.

BACKGROUND

Up to half of Canadians admitted to hospital are malnourished. There is a need to implement, sustain, and scale-up best practices for malnutrition care in Canada. The More-2-Eat project focused on implementing (Phase 1) and sustaining (Phase 2) an evidenced-based nutrition care pathway. Advancing Malnutrition Care (AMC) aims to scale this success across Canada through a mentor-champion program.

METHOD

More-2-Eat Phase 1 included implementing a nutrition care pathway in 5 hospital units for 12 months. Phase 2 aimed to sustain the improvements in 4 original hospitals and spread to 6 new hospitals over 18 months. The Capability, Opportunity, and Motivation for Behaviour (COM-B) model guided implementation. To scale across Canada, AMC uses a mentor-champion model with Phase 1 and 2 champions becoming AMC mentors that guide new champions. Baseline audits are underway along with COM-B-based experience questionnaires for mentors and champions. Likert scales were used to assess champions' preliminary confidence and commitment (1:not; 10:very), and understanding (1:low; 10:high) of changing practice.

RESULTS

Champions were key to implementation and sustainability of the nutrition care pathway in Phases 1 and 2, and the AMC mentor-champion model shows promise in continuing this impact. To date, AMC has recruited n=8 mentors (n=6 from Phase 1 and/or 2), and n=8 new champions, from 3 provinces across Canada. Preliminary results found that champions felt confident (mean±SD: 7±1) in their role and committed (9±1) to applying learnings. Understanding of practice change strategies was highest for data collection to track change (8±1) and lowest for changing behaviour (6±2). All champions had experience working with teams to make unit improvements.

CONCLUSION

Champions are confident and committed to changing practice. AMC shows promise in continuing to support sustainable implementation of a nutrition care pathway in Canadian hospitals using a mentor-champion model. Audits and experience surveys will monitor impact.

Causal loop diagramming to model, tailor, and test sustainment strategies in multi-level, cross-

context implementation efforts

O83

PRESENTER

Erika Crable

AUTHORS

Erika L. Crable, Thomas Engell, Ryan Kenneally, Teresa Lind and Gregory A. Aarons

BIOGRAPHY

Dr. Crable is an Assistant Professor at the University of California San Diego with expertise in health policy, health services research, and implementation science. Her research focuses on improving the use of evidence in policymaking, and testing dissemination and implementation strategies to promote access to evidence-based substance use treatment for safety-net and justice-involved populations. She is Principal Investigator of a NIDA-funded study testing dissemination strategies to improve access to medications for opioid use disorder in Medicaid benefit arrays. She is also an Investigator at the UC San Diego ACTRI Dissemination and Implementation Science Center, and alumna of the NIMH/NIDA-funded Implementation Research Institute Fellowship and the NIDA-funded Lifespan/Brown University Criminal Justice Research Training Program Fellowship. Prior to conducting academic research, Dr. Crable worked as a health policy consultant to federal health agencies in the United States including the Centers for Medicare and Medicaid Services, Substance Abuse and Mental Health Services Administration, and Assistant Secretary of Health and Human Services for Planning and Evaluation.

BACKGROUND

Approaches to tailor/test sustainment strategies are needed to ensure that service delivery and population health benefits gained during implementation persist over time. Causal loop diagramming (CLD) is a mixed methods, systems science approach to model causal relationships and feedback loops in complex dynamic health systems. This presentation describes CLD's utility for understanding complex health systems interrelationships that influence implementation and sustainment. CLD methods are illustrated using a National Institutes of Health-funded study that aims to identify causal relationships critical to successful implementation and sustainment of a quality assurance tool (Lyssn) and evidence-based practice (motivational interviewing) for substance use treatment across a statewide behavioral health system in the U.S.

METHOD

The Exploration, Preparation, Implementation, Sustainment (EPIS) framework guided identification of multi-level outer (state government, service system) and inner (provider organization/clinic) system variables (e.g., agencies/organizations, multi-level actors, competing priorities, policies, money) and their causal interrelationships across implementation phases. Variable data for the CLD was generated by surveys, qualitative interviews, and document review. Member checking with policy, payor, and provider partners aided in confirming or adjusting causal relationships.

RESULTS

CLD revealed reinforcing causal relationships for sustainment within the inner context. However, system dynamics across outer-inner contexts balanced the effects on sustainment in the inner context. The CLD revealed potential bridging factors to support inner-outer context alignment and sustainment and were refined with systems partners.

CONCLUSION

Future system dynamics simulations will test model behavior over time and optimize strategies for sustainment. CLD is a useful mixed methods approach to design sustainment strategies across EPIS phases.

Findings from the Health Champions study

O85

PRESENTER

Julie Williams

AUTHORS

Julie Williams, Ray McGrath, Gracie Tredget, Fiona Gaughran, Ioannis Bakolis, Jorge de la Torre, Andy Healey, Karen Ang, Elli Fairbairn, Isobel Mdudu and Nick Sevdalis

BIOGRAPHY

Dr Julie Williams is a Post Doctoral Researcher at the Centre for Implementation Science. As an Occupational Therapist she has worked clinically with people using mental health services, particularly people with a serious mental illness. She completed a PhD at King's College London in 2015. Her main research focus is improving the physical health of people using mental health services. As part of the Centre for Implementation Science she runs workshops on using Implementation Science in applied healthcare research. She has an interest in improving stakeholder engagement and involvement in research including service users and clinical staff.

BACKGROUND

People with severe mental illness (SMI) such as schizophrenia experience inequalities with their physical health including having more physical health comorbidities than the general population. One way to address this to provide individual support for people. Volunteers have been shown to be able to provide support and bring a valued perspective to supporting people with SMI. In this presentation we report the findings on the implementation of a feasibility hybrid trial of an intervention called 'Health Champions' where volunteers supported individuals with SMI with their physical health.

METHOD

The study was a feasibility randomised Hybrid II trial in which Health Champions provided one to one support for up to nine months. We assessed clinical, implementation economic effectiveness.
This presentation will focus on implementation effectiveness. To assess this, we conducted interviews with participants and Health Champions at the end of the intervention to understand their experience of the intervention and to evaluate the implementation challenges. We assessed acceptability, feasibility, appropriateness, fidelity, barriers and facilitators and unintended consequences. We used thematic analysis to analyse the data and are mapping this to the Consolidated Framework of Implementation Research (CFIR) v2 to understand the data.

RESULTS

We recruited 48 participants-27 in the intervention arm and 21 in the control arm. We interviewed 18 participants and 18 Health Champions. Overall participants and Health Champions found the intervention acceptable, feasible and appropriate. Facilitators for participants included the relationship they built with the Health Champion. Barriers included the impact of the COVID pandemic. The mapping to the CFIR will be discussed in the presentation.

CONCLUSION

We were able to implement the intervention and most participants and Health Champions considered it acceptable, feasible and appropriate. We have a better understanding of the implementation challenges and how these can be addressed.

Knowledge translation strategies for the sustainability of evidence-based interventions in healthcare: A scoping review

O95

PRESENTER

Rachel Flynn

AUTHORS

Rachel Flynn, Christine Cassidy, Lauren Dobson, Ian D. Graham and Shannon D. Scott

BIOGRAPHY

Dr. Rachel Flynn's research program – **S**ust**a**ining **I**nnova**t**ions in **C**hild **H**ealth (STITCH) aims to improve the health outcomes of children through implementing and sustaining effective evidence- based innovations across various child health contexts. Dr. Flynn offers expertise in implementation science, innovation sustainability, realist methods, qualitative research, and knowledge synthesis approaches.

She completed a PhD (2018) in Nursing at the University of Alberta, Canada and a Post-Doctoral Fellowship (2021) at the Hospital for Sick Kids, Toronto and the University of Alberta. She is currently a Lecturer at the School of Nursing and Midwifery, University College Cork. She was previously an Assistant Professor (2021) at the University of Alberta, where she spent 10 years in child health services research in Canada.

BACKGROUND

This scoping review aimed to consolidate the current evidence on: i) what and how KT strategies are being used for the sustainability of evidence-based interventions (EBIs) in institutional healthcare settings; ii) barriers and facilitators to the use of KT strategies for sustainability; and iii) reported KT implementation outcomes and EBI sustainability outcomes.

METHOD

We conducted a scoping review of five electronic databases. We included studies that described the use of specific KT strategies to facilitate the sustainability of EBIs (more than 1 year post-implementation). Two reviewers independently screened titles and abstracts, full text papers, and extracted data. We coded KT strategies using the ERIC taxonomy of implementation strategies and barriers/facilitators using the Consolidated Framework for Sustainability. We performed descriptive numerical summaries and a narrative synthesis to analyze results.

RESULTS

From the 25 included studies, the most common KT strategies for sustainability of an EBI were train & educate stakeholders (n=38) and develop stakeholder interrelationships (n=34). Barriers to KT strategy use for EBI sustainability were mostly related to resources (n=20). Facilitators to KT strategy use for EBI sustainability were mostly related to the people involved (n=28) and design and delivery of the KT strategy (n=20). Most studies (n=11) did not clearly report whether they used different or the same KT strategies between EBI implementation and EBI sustainability. Seven studies adapted their KT strategies from implementation to sustainability and only two studies reported using a new KT strategy for EBI sustainability.

CONCLUSION

Our review provides insight into a conceptual problem where implementation and sustainability are two discrete activities that occur at separate times. Our findings show we need to consider implementation and sustainability as a continuum and at the start of the EBI implementation select, design and adapt KT strategies across the continuum with this in mind.

Implementation Science with an equity lens: Optimising the use of Normalisation Process Theory in participatory health research with migrants

O99

PRESENTER

Yuki Seidler and Anne McFarlane


AUTHORS

Yuki Seidler, Carl May and Anne MacFarlane

BIOGRAPHY

Yuki Seidler is a Global Health, Health Equity and Qualitative Methodology lecturer at the University of Vienna and a Visiting Fellow at the Ludwig Boltzmann Gesellschaft, Open Innovation in Science Centre. She has an interdisciplinary background in Public Health, International Relations, Policy Studies and Health Sociology. Besides being an academic, she has worked many years in the field of Humanitarian and Development Aid in various countries in Asia with the International Red Cross and Red Crescent Movement, and shortly with the International Organization for Migration (IOM) in Austria. Her research goal is to combine her practical and academic expertise in analysing policy-implementation/ theory-reality gaps related to Social and Health Inequity, Global Health, and Migration Policies with focus on implementation processes. She is a strong advocate of participatory approaches, and public and patient involvement in health research.

Professor Anne MacFarlane is founder and overall academic lead for the Public and Patient Involvement Research Unit, which is a WHO Collaborating Centre for Participatory Health Research with Refugees and Migrants. She is a social scientist with extensive experience of qualitative research, participatory health research, implementation science and refugee and migrant health. Anne is Principal Investigator for multiple national and international participatory health research projects. She was Co-ordinator for the 2.9 million euro EU funded participatory, implementation science RESTORE project (2011-2015). Anne is active in international networks in the United Kingdom, Europe and North America to advance the evidence base about best practice for participatory implementation research. Her current research interests centre around the sociological concept of participatory space and how this can enhance understanding about health decision-making and knowledge translation. Anne was PI for the HRBand IRC-funded PPI IGNITE (2018-2021) and part of UL's team for the HRB and IRC funded PPI Ignite National Network (2021-2026). In recent years, she has successfully co-ordinated participatory research about migrant health: the EU-funded RESTORE (2011-2015) *REsearch into implementation STrategies to support patients of different ORigins and language background in a variety of European primary care settings* and the HRB-funded EMH-IC (2016-2019) *Ethnic Minority Health in Ireland – building the evidence base to address health inequities.*

BACKGROUND

Work in the field of implementation science has recently taken up a focus on health equity issues . This paper presents a protocol to advance the state of the art, building on pioneering work that integrated Normalisation Process Theory (NPT)—a theoretical framework developed to understand implementation processes—with Participatory Learning and Action (PLA) research—a method of co-creating intervention and translational action. In an EU funded project (2011-2015), this combined approach was found effective in: 1) addressing the exclusion of migrants in health research, and 2) understanding the implementation processes of using trained interpreters in supporting migrants in European primary healthcare systems. It could not conclude, however, if PLA was the optimal method to be integrated with NPT in terms of representation, efficiency and effectiveness. Evidence about comparative merits of PLA vis a vis other co-creation methods is required. This paper asks how does a participatory, online Delphi method compare with PLA in NPT informed implementation research.

METHOD

This is a participatory health research study using NPT as a conceptual heuristic device. It is a comparative, instrumental case study using 'implementation work to normalise trained interpreters in Austrian healthcare settings' as the case. Purposive sampling will guide recruitment of community and health sector participants in two regional health authorities. Fieldwork will be informed by literature reviews and involve prospective, parallel use of NPT-PLA (site 1) and NPT-online Delphi (site 2) to investigate and support the development of implementation action plans. A qualitative comparative analysis of the action plans and participants' experiences will be conducted.

RESULTS

This project will generate new knowledge about co-creation methods in theoretically informed implementation research.

CONCLUSION

Findings will inform transdisciplinary participatory approaches and patient-centred and inclusive models of practice in theory-informed implementation science research.

The sustained implementation of interventions to support self-management: A scoping review

O100

PRESENTER

Helen Ross-Blundell

AUTHORS

Helen Ross-Blundell, Annette Boaz, Nicola Hancock and Fiona Jones

BIOGRAPHY

Helen is a PhD student at Kingston University in London. After qualifying as a physiotherapist in 2003, Helen worked clinically, both within the NHS and voluntary sector, developing a passion for working with patients with neurological conditions with the community environment. Following the completion of her MSc in Rehabilitation in 2017, Helen moved into a Research Assistant role, with a focus on evaluating intervention impact.

In 2020, Helen started her PhD research, funded by Health Education England. Her research focuses on the sustainability of a self-management approach, Bridges, which provides training and support for healthcare practitioners enabling them to build self-management support into their everyday work with patients. She aims to investigate how services continue to use and embed the Bridges approach several years after initial training and implementation.

BACKGROUND

Sustained use of an evidence-based intervention ensures maximal long-term and ongoing benefits for patients and services from the initial investment of time and money. Supporting self-management has been recognised as an essential component of healthcare, with an established evidence-base demonstrating effectiveness in improving clinical outcomes and patient experience . Despite a growing body of evidence exploring the implementation of self-management interventions, there is a paucity in research around the sustainability of these interventions. This scoping review aims to identify and map the evidence available on the sustainability of self-management interventions implemented within adult healthcare services.

METHOD

A database search was run in Medline, Embase, CINAHL, AMED and PsycInfo, alongside a grey literature search. The search terms were kept deliberately broad due to recognised difficulties in defining the key concepts of self-management and sustainability. Studies considering the long-term effectiveness of interventions were initially included. Multiple stages of selection and extraction enabled detailed exploration of how sustainability is captured and considered.

RESULTS

596 articles met the broad inclusion criteria, with 497 of these reporting on the long-term effectiveness of interventions. The remaining 99 articles considered the sustained implementation of a self-management intervention. The depth to which sustainability was included or reported on varied greatly. Only a small proportion featured sustainability as the primary focus of the study, providing details as to the evaluation methods or determinants of sustainability. A detailed analysis of the findings will be presented at the conference.

CONCLUSION

The review found a predominance of research focusing on long-term effectiveness and clinical outcomes rather than sustained implementation. A detailed analysis of the papers focused on implementation identifies barriers and facilitators to sustainability, highlights gaps in the literature and provides a base for future evaluations to work from.

Title: Implementing a web-based application for men's health screening in a primary care setting during the Covid-19 pandemic: a mixed-methods pilot study

Chor Yau Ooi[1,2], Chirk Jenn Ng[3], Anne E. Sales[4], Chin Hai Teo[1]

[1]Department of Primary Care Medicine, University of Malaya, Kuala Lumpur, Malaysia

[2]Department of Family Medicine, Universiti Malaysia Sarawak, Kota Samarahan, Malaysia

[3]Duke-NUS Medical School, Singapore

[4]Sinclair School of Nursing and Department of Family and Community Medicine, University of Missouri, Missouri, USA

Correspondence: Chor Yau Ooi (cyooi@unimas.my)

Background

Men's use of health screening remains low globally [1]. This was more evident during the Covid-19 pandemic as most non-urgent services in the clinic were halted, including health screening. Technology can be used to overcome barriers to screening by improving accessibility, motivating and reminding individuals to get screened. ScreenMen is a web-based application that was developed to increase the uptake of men's health screening. This study was a process evaluation of the implementation of ScreenMen in a primary care setting.

Methods

This study was conducted in a government health clinic using a mixed-method explanatory sequential design driven by the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework [2]. We used a tailored intervention including: mandate change, provide education and training, identify and prepare champions, use of information and communication technology, and audit and provide feedback. Participants were staff and patients. We used Google Analytics to monitor patient uptake of ScreenMen for 5 months and conducted staff interviews to understand the implementation process. We used template analysis based on the RE-AIM framework [3].

Results

A total of 75 patients accessed the app. Access was higher as implementation started but subsequently dropped, and increased again towards the end of the period. The majority (51%) of patients accessed the app through QR codes. In qualitative analysis we found that access was lower than expected because of decreased patients in the clinic during the pandemic. The later increase in access was related to champion activity. Bunting promotes access due to its size and strategic placement. Staff found that mandated change was not useful as an implementation strategy.

Conclusions

Making patients access the app in the clinic and using bunting were reported to be effective in implementing ScreenMen while mandate change was found to be least helpful.

Trial Registration

NA

Consent to publish

NA

References

1. Teo CH, Ling CJ, Ng CJ. Improving Health Screening Uptake in Men: A Systematic Review and Meta-analysis. American journal of preventive medicine. 2018;54(1):133-43.
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6th UK and Ireland Implementation Science Conference - abstract outcome

Aoife Keohane <aoife.1.keohane@kcl.ac.uk>

Fri 6/2/2023 1:00 AM

To:Ooi Chor Yau <cyooi@unimas.my>

1 attachments (619 bytes)

PNG image;

6th UK and Ireland Implementation Science Research Conference

13th and 14th July 2023

Limerick, Ireland

Sustaining health and public services in an uncertain future: what role for implementation science?

Oral Presentation

Dear Chor Yau Ooi,

We are delighted to welcome you to our 6th Annual UK Implementation Science Research Conference on 13 and 14 July 2023. This year's conference will be **hybrid** and you will have the opportunity to present either in-person at the University of Limerick, Ireland or online.

Thank you for taking the time to submit your abstract for 'An approach for developing a tailored implementation intervention to implement a web-based application for men's health screening in a primary care setting during the Covid-19 pandemic'.

The Scientific Committee has reviewed over 100 exceptional and interesting abstracts and your abstract has been selected for an Oral presentation.

Here are the details for your oral presentation:

Your Oral session number is:	O63
You will be presenting:	*In-Person
Your Parallel Session is:	Stream I
Your allocated time is:	14:05- 14:25

When submitting your abstract, you indicated if you would be attending the conference in-person or online, the information above corresponds with the information you have previously given. If this is **incorrect, please let us know through the upload form here*

There will be two parallel oral sessions **on Thursday 13th July,** for more information please see the conference programme here

If you have not yet registered, please register for the conference here.

To assist you we have prepared a speaker's packet. This contains information on the following:

1. Oral presentation format
2. Presentation instructions and tips
3. Speaker checklist and key deadlines
4. Please upload your presentation and details here by **27 June 2023.**

Please make sure you review the speaker's packet and ensure you meet all the required deadlines. This is to help us deliver a successful event.

As some of our delegates are based in particular time zones, we try to accommodate the session for your time zone. If you have certain circumstances that restrict your availability (like clinical rota or other exceptional duties) please do let us know and we will try to accommodate you as much as possible. The sooner you get in contact (arcshortcourses@kcl.ac.uk) the easier it will be for us to do so.

SPEAKER PACKET

Oral Presentation Format

- **How long is the allotted for the oral presentation?**
  - Each oral presentation slot will last 20 minutes.
    - This includes *12 minutes to deliver the presentation* and *6-8 minutes for questions and comments* from the delegates.
    - The session chair will indicate when the allotted time is up, marking the end of the presentation. Session chairs will then manage the Q&A.

- **What are the presentation options available?**
  - We would expect our face-to-face presenters to present live (unless they indicate otherwise).
  - however, as this is a hybrid conference, we **would like you to pre-record your 12-minute oral presentation**, even if you plan to present live on the day of the conference
  - On the day, you can have the option of playing your video or present live.
  - After the oral presentation, there will be time for a **live Q&A session**, run by a moderator and hosted by a session chair.

Implementing a web-based application for men's health screening in a primary care setting during the Covid-19 pandemic: a mixed-methods pilot study

Chor Yau Ooi[1,2], Chirk Jenn Ng[3,1], Anne E. Sales[4], Chin Hai Teo[1]

[1]*Department of Primary Care Medicine, University of Malaya, Kuala Lumpur, Malaysia*

[2]*Department of Family Medicine, Universiti Malaysia Sarawak, Kota Samarahan, Malaysia*

[3]*Duke-NUS Medical School, Singapore*

[4]*Sinclair School of Nursing and Department of Family and Community Medicine, University of Missouri, Missouri, USA*

***Correspondence**: Chor Yau Ooi (cyooi@unimas.my)*

Background

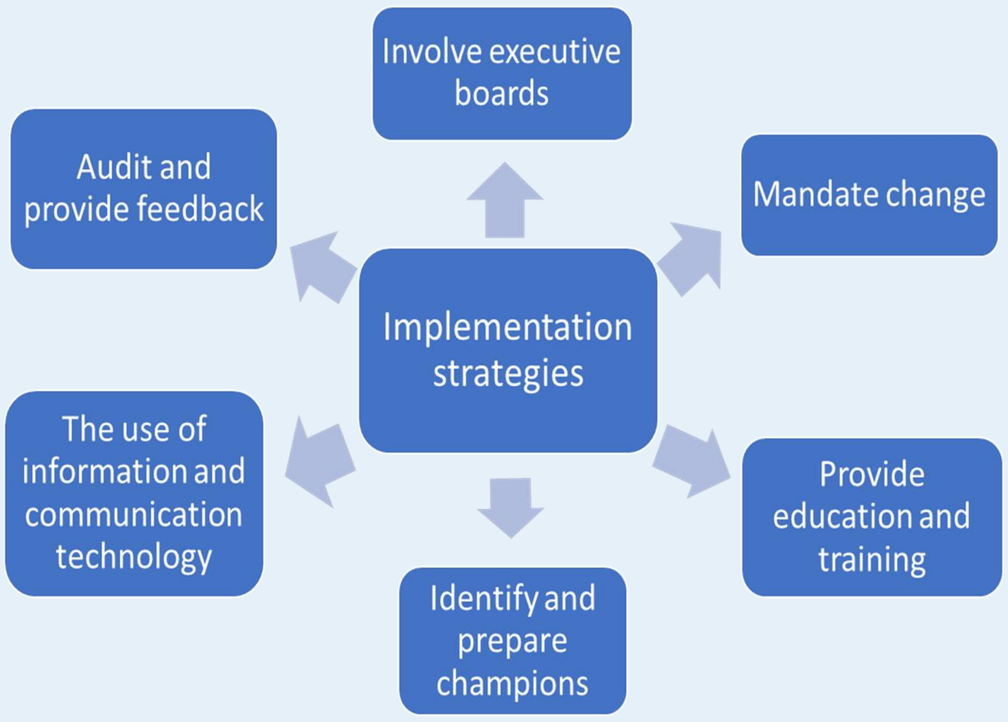
- Men's use of health screening remains low globally [1], especially during the Covid-19 pandemic.
- In Malaysia, screening is done in the primary care setting by using a paper-based questionnaire, which was found to be too lengthy and complex [2].
- Web-based apps have been shown to be effective in increasing the uptake of screening [3].
- A web-based application, ScreenMen was developed to increase the uptake of men's health screening.
- ScreenMen was developed by using a systematic and evidence-based approach to be male-sensitive to address the needs of men [4].
- Using ScreenMen as a screening tool for men reduced the need for clinic visits or face-to-face contact with staff to complete paper-based screening tools.
- Few studies reported on the implementation of web-based application for screening [5].

Objective

- To evaluate the implementation process of ScreenMen in a primary care setting.

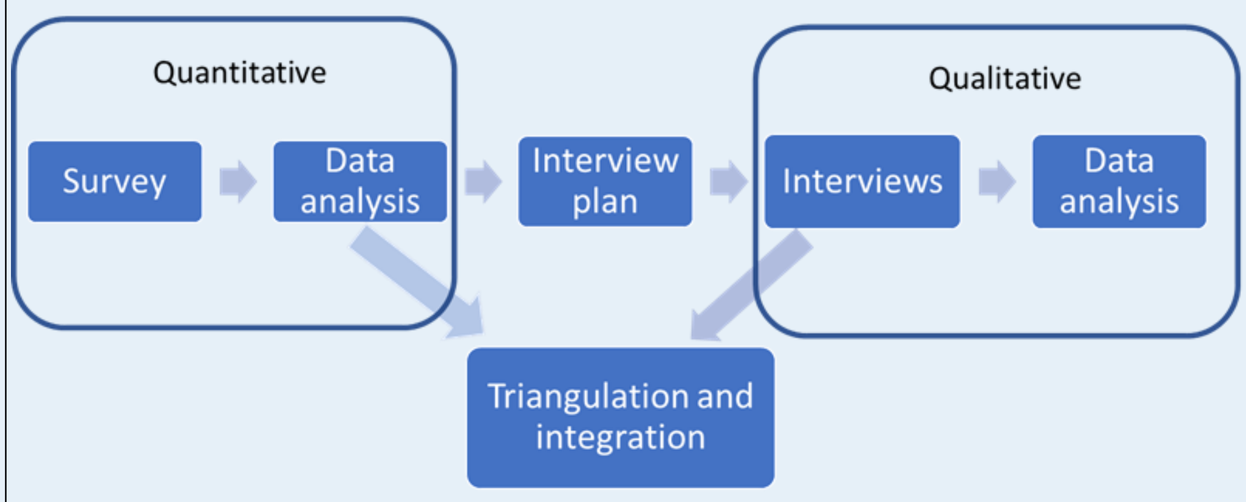
Tailored Implementation Intervention

- A package of implementation strategies was developed to implement ScreenMen by using explorative methods [6].



Methods

- This study used a mixed-method explanatory sequential design.

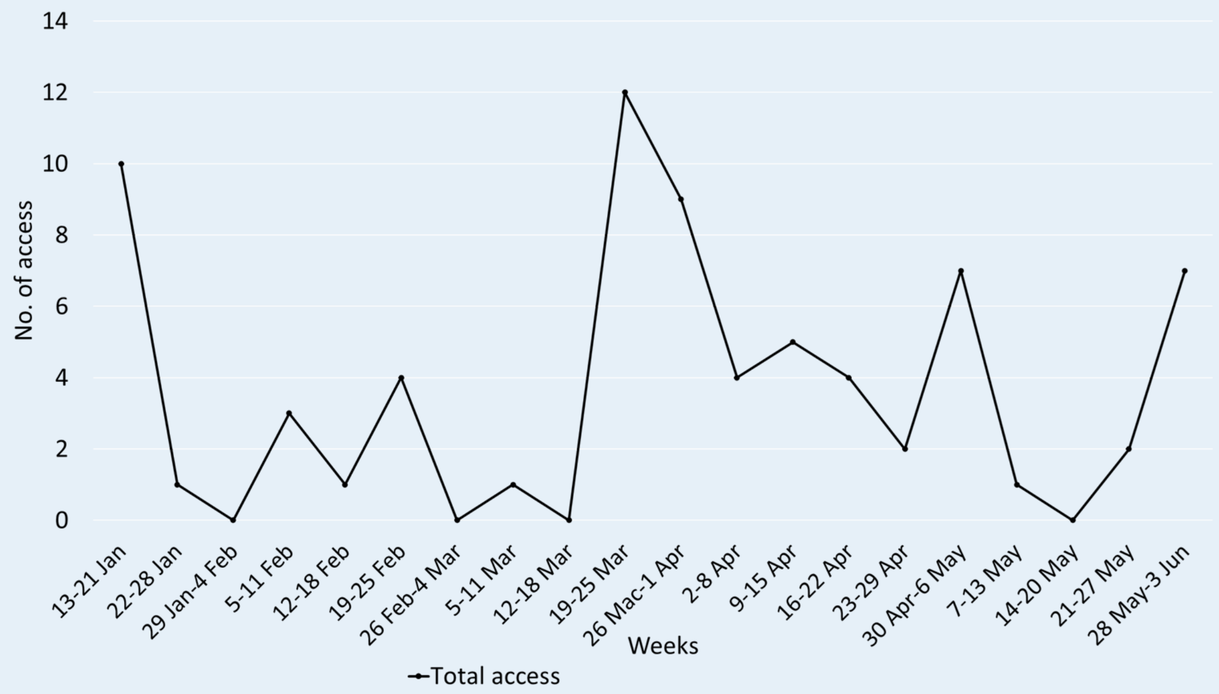


- Setting: A government health clinic
- Participants: Staff and patients

	Quantitative	Qualitative
Data collection	Questionnaire survey and Google analytics	Individual in-depth interviews
Data analysis	Means and percentages	Template analysis

Results

Figure: Access to ScreenMen weekly



- Quantitative: Total access = 75 patients, 51% accessed through QR codes.
- Qualitative:
  - Clinical champions was a useful strategy because they helped to lead the implementation efforts and remind the staff to promote ScreenMen.
  - Using QR codes from buntings (Provide education and training strategy) to access ScreenMen was a useful strategy because the buntings were large and placed in the patient waiting area.
  - Mandate change was not a useful strategy because staff felt that they were forced to implement ScreenMen.

Discussion

- In this study, clinical champions were briefed about their roles and responsibilities clearly before implementation might explain the usefulness of the strategy.
- Patients found QR codes to be convenient and preferred them over traditional printed leaflets. By placing QR codes on bunting strategically throughout the clinic, it became easier for patients to access ScreenMen.
- The ineffectiveness of the mandate change could be attributed to the way the strategy was implemented, as the clinic head solely relied on a memo to motivate the staff to implement ScreenMen.
- The mixed-method explanatory sequential design allowed a deeper understanding into which strategies were useful for implementation.
- A limitation was the low participation rate in the qualitative interviews due to the Covid-19 pandemic.

Conclusion

- A web-based application for men's health screening was found to be implementable in a primary care setting during the Covid-19 pandemic.
- The implementation of mandate change strategy needs revision for optimal implementation.

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1. Teo CH, Ling CJ, Ng CJ. Improving Health Screening Uptake in Men: A Systematic Review and Meta-analysis. American journal of preventive medicine. 2018;54(1):133-43.
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Acknowledgements

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