Activity worksheet

**Case study 1:** A national context assessment of developmental follow-up of children   
with congenital heart disease using CFIR

**Background:** Some of the most prevalent ongoing concerns for children living with congenital heart disease (CHD) are developmental, behavioural, and psychological difficulties. Consequently, early identification of neurodevelopmental delays or disorders is a pivotal component of follow-up care for children with CHD. This includes a combined approach of longitudinal surveillance of all high-risk children with neurodevelopmental screening to assess concerns (by child health, GPs, pediatricians, cardiologists); standardised, formal evaluation to identify developmental disorders (by allied health, child development services, pediatricians); and timely referral for intervention. However, challenges exist in implementing such neurodevelopmental follow-up care in international practice.

**Research aim:** This study aimed to characterise key barriers, enablers, and opportunities for implementing and delivering outpatient cardiac neurodevelopmental follow-up care in Australia.

**Study design:** An exploratory descriptive qualitative study was conducted with healthcare professionals across Australia who had lived experience of designing, implementing, or delivering neurodevelopmental care for children with CHD. Online semi-structured interviews were conducted using a guide informed by the Consolidated Framework for Implementation Research to explore contextual influences. Fifty two participants took part from a range of seniority levels and clinical disciplines including nursing, paediatrics, cardiology, and allied health.

**Link to research paper:** <https://www.frontiersin.org/journals/pediatrics/articles/10.3389/fped.2024.1364190/full>

**Link to CFIR:** <https://cfirguide.org/constructs/>

**Activity:** Complete the table below by allocating the provided quote to a domain and construct of the CFIR framework. If time permits, use the final column to explore other concepts including:

* consider how the quote or code would affect implementation as either a barrier or enabler to implementation; or
* choose an implementation strategy to suit the context; or
* explore how you might measure implementation and other outcomes.

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| --- | --- | --- | --- | --- |
| Index | Quote | Domain | Construct | Other  (e.g., barrier or enabler; implementation strategy; implementation outcome) |
| 1 | “But I also think we've got really, really strong leadership. And leadership who are really present, and really respectful of everybody's role and advocate enormously for that. So, I think creating change is much easier when you've got the support of strong leaders.” [Occupational Therapist, New South Wales] |  |  |  |
| 2 | “I'll be honest, I don't routinely think about making a neurodevelopmental referral for the bulk of patients that I see in clinic who've had surgery.” [Paediatric Cardiologist, Western Australia] |  |  |  |
| 3 | “You know, we're really lacking things like a very—a practice framework, clinical guidelines.” [Child Development Unit Lead, South Australia] |  |  |  |
| 4 | “These families have been—they've been dreading bad outcomes from the time they had their morphology scan. They have lived through trauma before their baby is born. And now we are here telling them to come back to hospital for developmental screening?” [Neonatologist & Paediatrician, Northern Territory] |  |  |  |
| 5 | “So, for me we do not have enough resources. Definitely, we do not have enough public resources in Queensland child development services to deliver to the demand.” [P25, Child Development Unit Lead, Queensland] |  |  |  |
| 6 | “At the end of the day, our health system prioritises acute care, prioritises adult care, and it prioritises hospital-based over community care. And that's just the way it is.” [Developmental Paediatrician, Queensland] |  |  |  |
| 7 | "I've never known the waiting list for services here to be les than six months." [Psychologist, New South Wales] |  |  |  |
| 8 | “We have low staff turnover, so I guess it gives you that ability to kind of build a stable and consistent pathway of care.” [Allied Health Team Leader, Queensland] |  |  |  |
| 9 | “Telehealth has been working really nicely. That people can communicate with team members better but also just kind of access care for young, busy families that are struggling to keep up with everything.” [Psychologist, Victoria] |  |  |  |
| 10 | “Evidence says that getting it right at the start [by performing follow-up] makes a tremendous difference both from a health perspective but from social systems, education, um, youth justice; the whole thing." |  |  |  |
| 11 | “Sometimes the communication [from city hospitals] is less than ideal. We sometimes have children who’ve had major cardiac surgery who get discharged back into a regional or rural area and we don’t get told about them” [Regional Pediatrician] |  |  |  |
| 12 | “I can't get near them [families] with medical problems. I got to go—I've got to get all the social problems out first, you know?”. (P26, Paediatrician, Northern Territory) |  |  |  |
| 13 | “I think funding’s the major limiting factor and our biggest barrier behind actually extending our neurodevelopmental follow-up. And it's been really hard overcoming that challenge" Neonatologist, Western Australia] |  |  |  |
| 14 | “I think the biggest challenge is working out who owns the problem. And certainly, our hospital systems don't see it as our responsibility, they see developmental problems as community services’ responsibility. But there's no over-arching coordination of that, so it's really fragmented.” [P11, Neonatologist, Victoria] |  |  |  |