

# Week 5



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Module: Mental Health in the Community

Week 5: Implementation in Health Care

## Topic 2: Implementation strategies (Part 3 of 4)

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## Learning outcome for part 3

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- Develop an understanding of the complexity of developing a tailored implementation strategy.

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Part 1

Part 2

Part 3

Part 4



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## Introduction

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## Mid-lecture question

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Please note that this lecture contains open-ended questions which will appear as an automatic pop-up on slides 9, and 13.

These questions are not marked and do not count towards an overall grade.

They are simply intended as a point of reflection on the topic discussed.

Once you have written your open-ended question answers press 'Save'. At this point the lecture video will automatically resume.

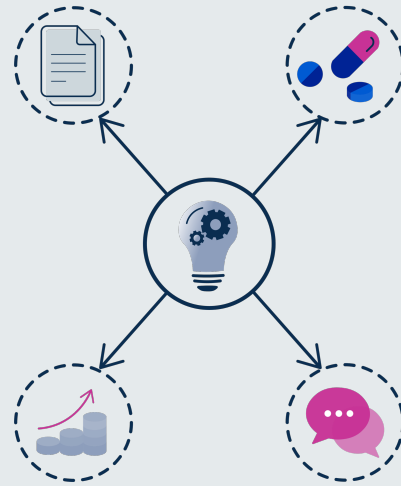
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## Developing an implementation strategy

Baker et al., 2010

### Development process:

- The development and testing of implementation strategies are top priorities.
- Implementation strategies should be tailored to the local context.



‘strategies to improve professional practice that are planned, taking account of prospectively identified determinants of practice. Determinants of practice are factors that could influence the effectiveness of an intervention ... and have been ... referred to [as] barriers, obstacles, enablers, and facilitators [within the context in which the intervention occurs].’  
(Baker et al., 2010)

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Topic 2: Implementation strategies (Part 3 of 4)

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## Tailoring strategies to implementation barriers

Wensing et al., 2011

First step involves assessing factors that influence implementation processes and outcomes (Wensing et al., 2011).



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Topic 2: Implementation strategies (Part 3 of 4)

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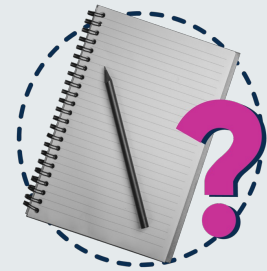
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## Open-ended question

Keyworth et al., 2022

Keyworth and colleagues examined barriers and enablers to using support services offered by staff wellbeing hubs. They used a qualitative approach. They interviewed 25 participants and analysed their responses using thematic analysis.

**Before reading this paper, what do you think the barriers to using these services might have been?**



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## Barriers to implementation: Knowledge and skills

### Barriers to implementation

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### Implementation strategies

Lack of knowledge and skills to implement the intervention

**Distribute educational materials:** distribute educational materials (including guidelines, manuals, and toolkits) in person, by mail, and/or electronically



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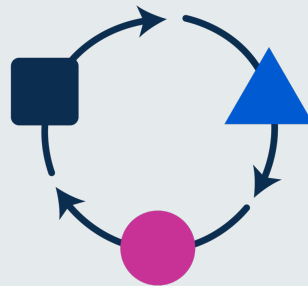
## Barriers to implementation: Infeasibility

### Barriers to implementation

Some components of the intervention are perceived to be infeasible to implement

### Implementation strategies

**Promote adaptability:** Identify the ways a clinical innovation can be tailored to meet local needs and clarify which elements of the innovation must be maintained to preserve fidelity



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## Barriers to implementation: High costs

### Barriers to implementation

High costs associated with implementing an intervention

### Implementation strategies

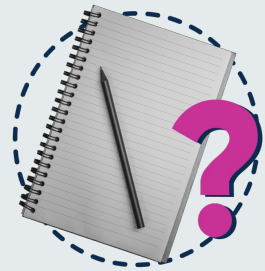
**Access new funding:** access new or existing money to facilitate the implementation



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## Open-ended question (2)

What kinds of Implementation Strategy might be employed to tackle the barrier of advocacy of certain drugs by pharmaceutical companies?



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## Facilitators to implementation: Motivation

### Facilitators to implementation

Individuals motivated and committed to implementing intervention

### Implementation strategy

**Identify and prepare champions:** identify and prepare individuals who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke in an organisation



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## Summary of part 3

- Guidance regarding how to select and tailor implementation strategies has improved in recent years, however guidance remains imperfect.

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Part 1

Part 2

End of part 3

Part 4

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