

Week 5

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May 2023



Module: Mental Health in the Community

Week 5: Implementation in Health Care

Topic 2: Implementation strategies (Part 2 of 4)

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Learning outcome for part 2

- Awareness of the importance of implementation strategies in getting evidence-based interventions into practice.

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Part 1

Part 2

Part 3

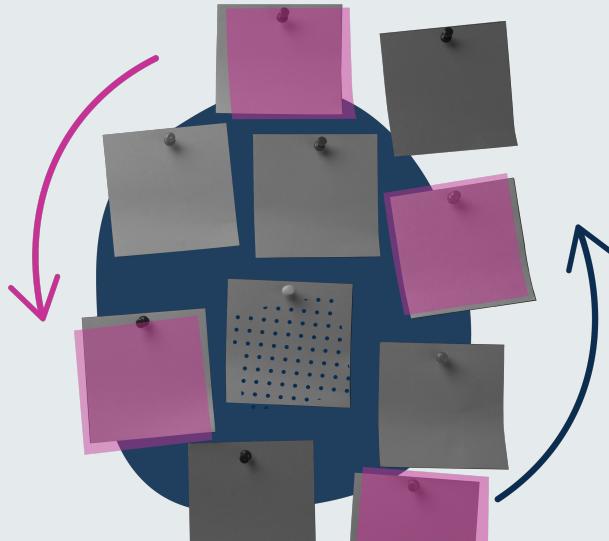
Part 4



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Introduction



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Relationship among implementation strategies

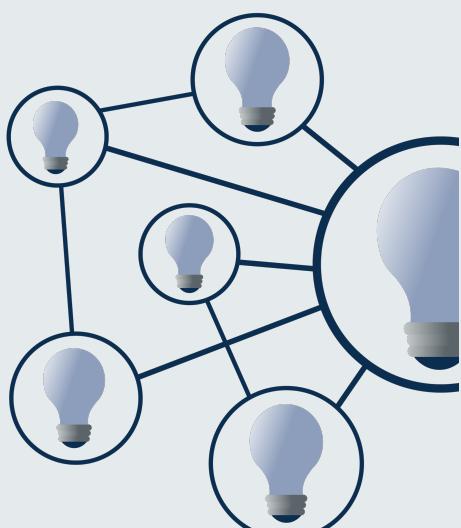
Waltz et al., 2015



Use of concept mapping to characterize relationships among implementation strategies and assess their feasibility and importance: results from the Expert Recommendations for Implementing Change (ERIC) study.
(Waltz et al., 2015)

Second ERIC study:

- Used concept mapping
- **73** discrete implementation strategies organised into **9** categories.



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1. Use evaluative and integrative strategies (n = 10)

Waltz et al., 2015

Strategy:

Assess for readiness and identify barriers and facilitators

Assessing various aspects of an organisation to determine its degree of readiness to implement, barriers that may impede implementation and strengths that can be used in the implementation effort.



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2. Provide interactive assistance (n = 4)

Waltz et al., 2015

Strategy:

Provide clinical supervision

Providing clinicians with ongoing supervision, focusing on the innovation; provide training for clinical supervisors, who will supervise clinicians who provide the innovation.



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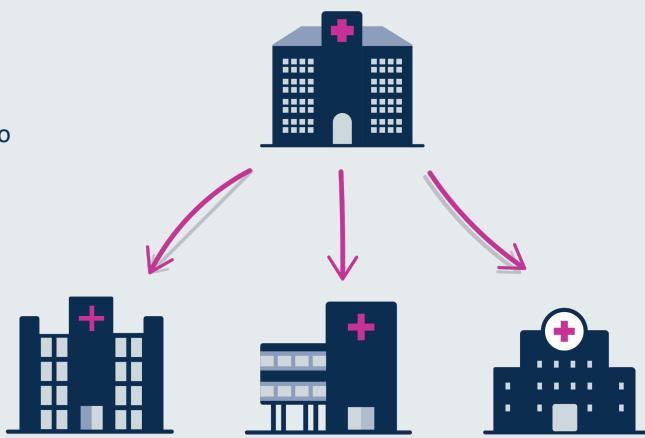
3. Adapt and tailor to context (n = 4)

Waltz et al., 2015

Strategy:

Promote adaptability

Identifying 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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4. Develop stakeholder interrelationships (n = 17)

Waltz et al., 2015

Strategy:

Identify and prepare champions

Identifying and preparing 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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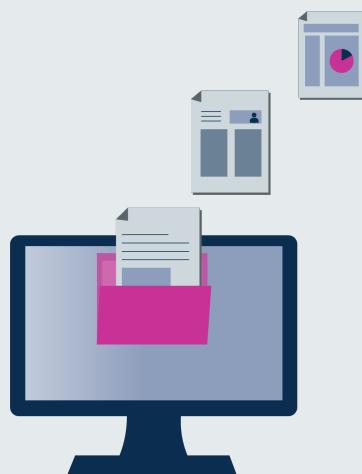
5. Train and educate stakeholders (n = 11)

Waltz et al., 2015

Strategies:

Distribute educational materials

Distribute educational materials, including guidelines, manuals, and toolkits in-person, by mail, or electronically.



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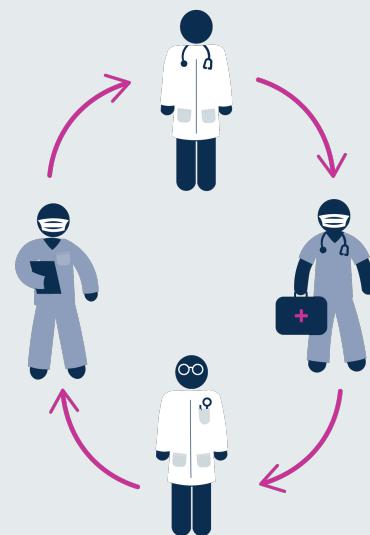
6. Supporting clinicians (n = 5)

Waltz et al., 2015

Strategies:

Revise professional roles

Shifting and revising roles among professionals who provide care, and redesigning job characteristics.



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7. Engage consumers (n = 5)

Waltz et al., 2015

Strategies:

Intervene with patients to enhance uptake and adherence

Developing strategies with patients to encourage and problem-solve around adherence.



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8. Utilise financial strategies (n = 9)

Waltz et al., 2015

Strategies:

Access new funding

Access new or existing money to facilitate the implementation.



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9. Change infrastructure (n = 8)

Waltz et al., 2015

Strategies:

Mandate change

Having leadership declared the priority of the innovation and the determination to have it implemented.



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Summary of part 2

- We have learned there are **over 70** discrete implementation strategies that can be used to improve the adoption, implementation and sustainability of evidence-based interventions in healthcare.
- We have seen how these discrete implementation strategies have been organised into **nine categories**.

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