



**Institute of Psychiatry, Psychology and Neuroscience**May 2023



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Week 5: Implementation in Health Care

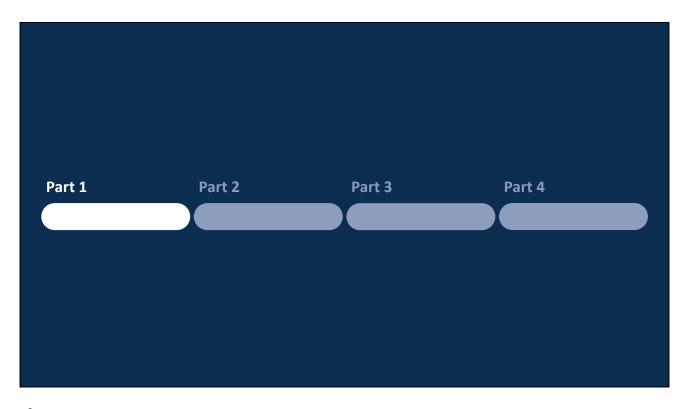
# **Learning outcomes for part 1**

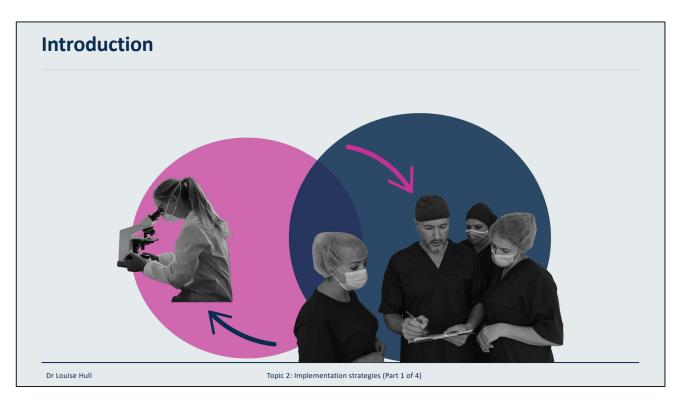
- Awareness of the importance of implementation strategies in getting evidence-based intervention into clinical practice.
- Understand the difference between a discrete and multi-faceted implementation strategy.
- Introduction to the Expert Recommendation for Implementing Change (ERIC) implementation strategy taxonomy.

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Topic 2: Implementation strategies (Part 1 of 4)

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# **Mid-lecture question**

Please note that this lecture contains a multiple-choice question which will appear as an automatic pop-up on slide 12.

This question is not marked and does not count towards an overall grade.

It is simply intended as a point of reflection on the topic discussed.

Once you have chosen your multiple-choice answer, hover your mouse over it and press 'Select'.

At this point the lecture video will automatically resume.

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# Implementation strategies defined

Proctor et al., 2013

'Methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical programme, practice or intervention'. (Proctor et al., 2013) Implementation strategies have **unparalleled importance** in implementation science.

Implementation strategies target barriers and leverage facilitators to implementation.

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# **Types of implementation strategies**

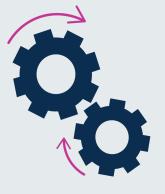
#### Discrete implementation strategy:

involves single action or process aimed at improving adoption, implementation and/or sustainability. (e.g., reminders)

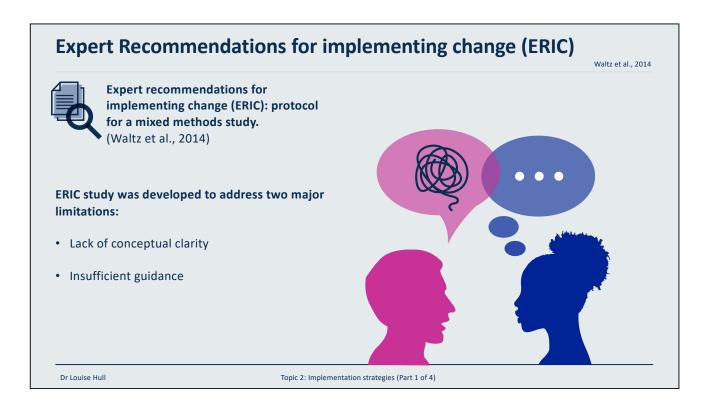


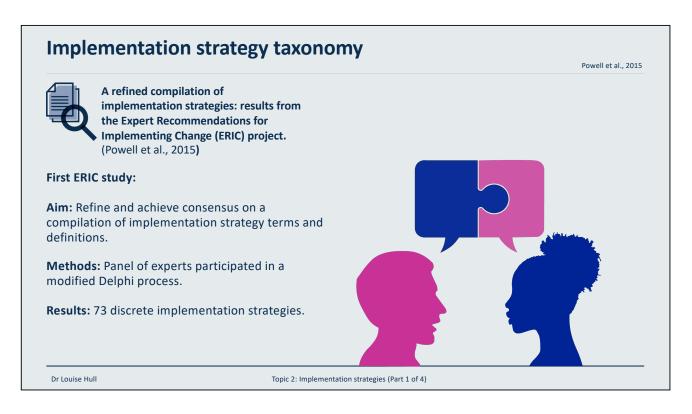
#### Multi-faceted implementation strategy:

involves the use of two or more discrete strategies. (e.g., reminders & educational materials)



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## **Strategy list**

Powell et al., 2015

ERIC discrete implementation strategy compilation (n = 73)

| Strategy  | Definitions   |
|---|---|
| Access new funding  | Access new or existing money to facilitate the implementation   |
| Alter incentive/ allowance structures                       | Work to incentivise the adoption and implementation of the clinical innovation  |
| Assess for readiness and identify barriers and facilitators | Assess 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 |
| Audit and provide feedback                                  | Collect and summarise clinical performance data over a specified time period and give it to clinicians and administrators to monitor, evaluate, and modify provider behaviour.                    |

Full table is available in Powell et al., (2015, p.8).

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# **Multiple Choice Question**

### Which Implementation Strategy does the following definition refer to?

'Collect and summarise clinical performance data over a specified time period and give it to clinicians and administrators to monitor, evaluate, and modify provider behaviour'.

- A Conduct cyclical small tests of change
- **B** Conduct educational meetings
- C Audit and provide feedback
- **D** Alter incentive and allowance structures



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### A list, not a checklist

### **Compilation usage:**

- Not to be thought of as a checklist.
- Provides a list by which to select discrete strategies.



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opic 2: Implementation strategies (Part 1 of 4)

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### **Summary of part 1**

- Implementation strategies can **improve the uptake** of clinical interventions and also **accelerate** the pace of **implementation**.
- Implementation strategies are typically **multi-faceted** and should be **tailored** to address barriers to implementation and leverage facilitators to implementation.
- The Expert Recommendations for Implementing Change (ERIC) project describes **over 70** discrete implementation strategies that can be used to improve the adoption, implementation and sustainability of evidence-based interventions in healthcare.

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