

# Week 5

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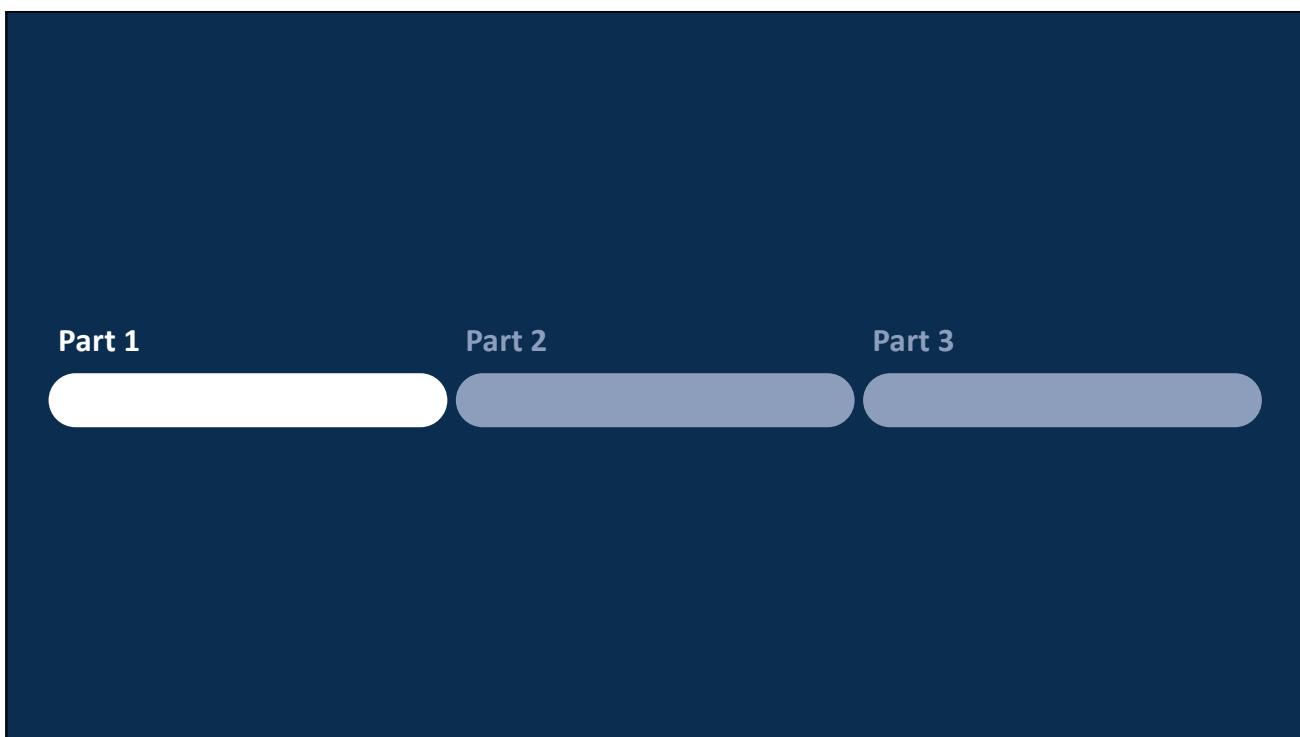


Module: Mental Health in the Community

Week 5: Implementation in Health Care

**Topic 1: Introduction to Implementation  
Science (Part 2 of 3)**

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## Introduction

The illustration features four icons arranged horizontally. From left to right: a scalpel with a curved blade; a pair of surgical forceps; a straight scalpel blade; and a clipboard with a white document. The document has a pink circle with a plus sign at the top, followed by a checklist with several items, some of which have pink checkmarks.

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## Largest study to date

Urbach et al., 2014



Introduction of  
surgical safety  
checklists in  
Ontario, Canada  
(Urbach et al., 2014)



### Study parameters:

- Based on electronic health records
- Ontario, Canada
- 215,000 patients

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## Surprise results

Urbach et al., 2014; Leape, 2014



Introduction of  
surgical safety  
checklists in  
Ontario, Canada  
(Urbach et al., 2014)



‘The likely reason for the failure... is that it was not actually used.’  
(Leape, 2014)

### Findings:

#### Pre-checklist (N = 109,341):

- 30-day mortality = 0.71%
- Complications risk = 3.86%

#### Post-checklist (N = 106,370):

- 30-day mortality = 0.65%
- Complications risk = 3.82%

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## Use of the checklist in England

Russ et al., 2015



A qualitative evaluation of the barriers and facilitators toward implementation of the WHO surgical safety checklist across hospitals in England: lessons from the “Surgical Checklist Implementation Project”  
(Russ et al., 2015)



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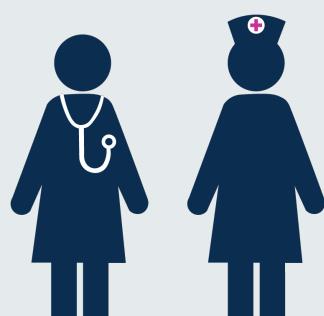
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## Large variation in how the checklist was introduced

Russ et al., 2015



A qualitative evaluation of the barriers and facilitators toward implementation of the WHO surgical safety checklist across hospitals in England: lessons from the “Surgical Checklist Implementation Project”  
(Russ et al., 2015)



### Participant feedback:

- “There was no discussion or introduction or anything. Typical.”
- “Our chief exec had a bee in their bonnet, and it was, ‘no you will do this.’”
- “It was something they were just doing one day.”
- “It just appeared.”

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## Use of the checklist in practice

Russ et al., 2015



**Measuring variation in use of the WHO surgical safety checklist in the operating room: a multicenter prospective cross-sectional study**  
(Russ et al., 2015)



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## Large variations in how the checklist was used in practice

Russ et al., 2015



**Measuring variation in use of the WHO surgical safety checklist in the operating room: a multicenter prospective cross-sectional study**  
(Russ et al., 2015)

### Findings:

- Substantial variations in how people were using intervention.
- Across different teams/operations observed, the number of checks done varied a lot.
- Not enough to have a good implementation process – follow through is necessary to ensure implementation is done as intended.



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## An example



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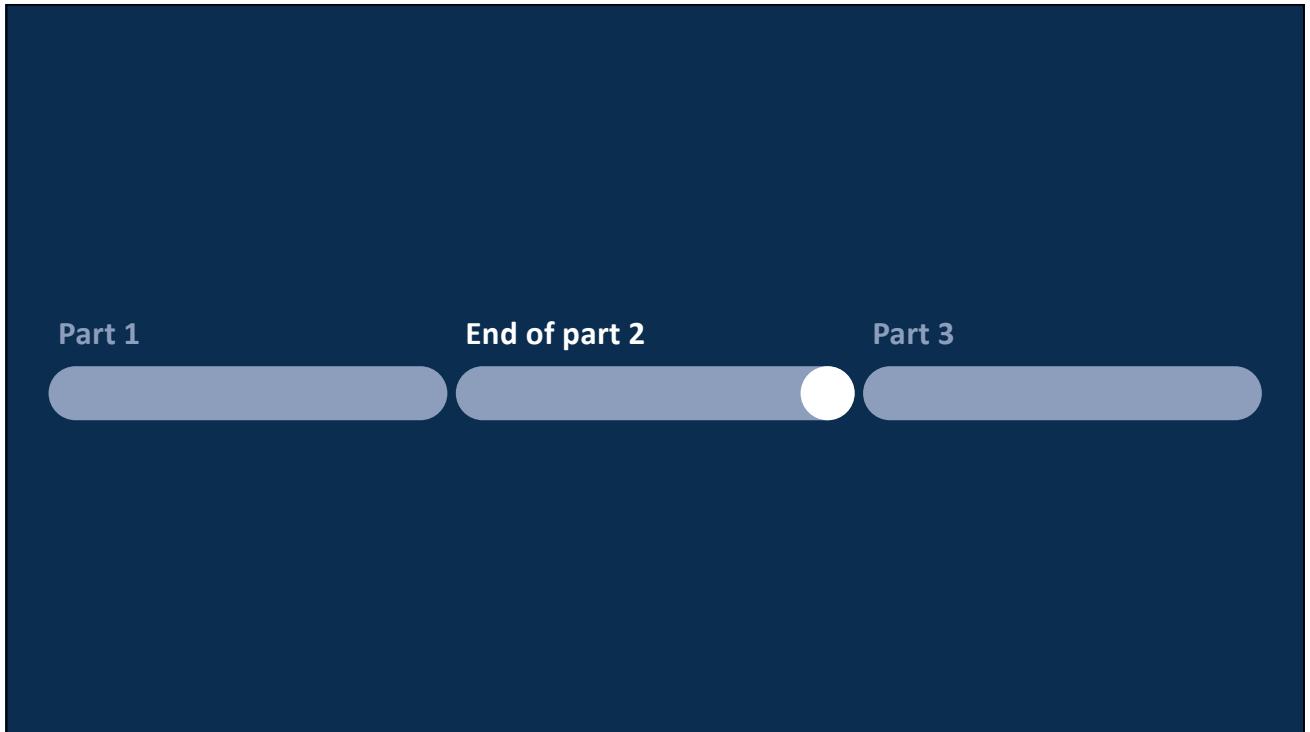
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## Summary of part 2

- The way in which an intervention is implemented can vary greatly across organisations and providers.
- When introducing an intervention, it needs to have a good implementation process, but it also needs to be implemented in the way it was intended to be used.

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