

THE DUTCH IMPLEMENTATION SCIENCE SYMPOSIUM

20 24

METHODOLOGICAL CHALLENGES IN
IMPLEMENTATION RESEARCH



Program and information

**June 12, 2024
Utrecht**



A warm welcome to you at our one-day implementation science conference. Restarting a good 'tradition' of Dutch implementation science focussed symposia, today we will discuss the methods and methodology that enables implementation research. The studies, interventions and practices can differ, the implementation challenges are similar. That is what is central to this conference: improving implementation practice through science.

We are very glad to host highly esteemed international researchers including Prof.dr. María E. Fernández, UTHealth from University of Texas Health Science Center, USA, and A/prof.dr. Harriet Koorts, Deakin University, Australia. In addition, we have found a number of researchers willing to share knowledge and trigger discussions on various topics. A number of active think tanks and workshops are available to your liking to bundle our thinking power to address concrete challenges including measurement instrumentation, strategy matching, conducting a realist evaluation, implementation science in health education, and quality and certification in implementation practice. Lastly, and be sure to stay to the end, learn and help learning junior researchers to present and discuss their implementation research.

We are very pleased and welcome our esteemed European colleagues from [the PIECES project](#) and like to take the opportunity to thank other sponsors enabling this conference: [the Amsterdam Public Health research institute](#) and [AmsCIS](#), [HU Hogeschool Utrecht](#), [Trimbos institute](#), [the Netherlands Implementation Collaborative \(NIC\)](#) and [the Amsterdam Institute of Sports Science \(AISS\)](#).

All in all, today promises to be a true Dutch international endeavour and we expect to achieve animated and inspiring discussions and reach a greater shared understanding in current challenges in conducting and improving our capacity in implementation research.

We hope you enjoy this day and take home a bag full of inspiration.

The organization committee

Femke van Nassau

Kristel Jenniskens

Nikita Hensen

Jasmijn Breunese

Rixt Smit

Meike van Scherpenseel

Christiaan Vis

PRACTICALITIES

Registration and sessions

Registration will open Wednesday at 08.30 am. The program will start at 09.30 am. Registration, badges, and parallel session assignments will be handled at the welcome desk. Please note that sessions are on a first-come, first-served basis.

WiFi

Use Eduroam if possible. Otherwise, individual login details will be available at the welcome desk.

Keynotes

Keynotes will be streamed and recorded. Slides and materials will be made available afterwards.

Crowd management

With so many attendees, it might get busy. Patience and a friendly attitude are key. Remember, it's all about having a great time!

Contact details

If you have trouble finding the location or have any last-minute questions, please contact Rixt Smit at +31 6 21247582.

If you have any questions before Wednesday the 12th please don't hesitate to contact us at n.hensen@amsterdamumc.nl

LOCATION AND TRANSPORT

The symposium will take place at the **Hogeschool Utrecht**, located at **Heidelberglaan 15, 3584 CS Utrecht**. After entering through the revolving doors you will walk directly to the registration desk. You will be welcomed at the entrance and there you will be shown the way.

Public Transportation

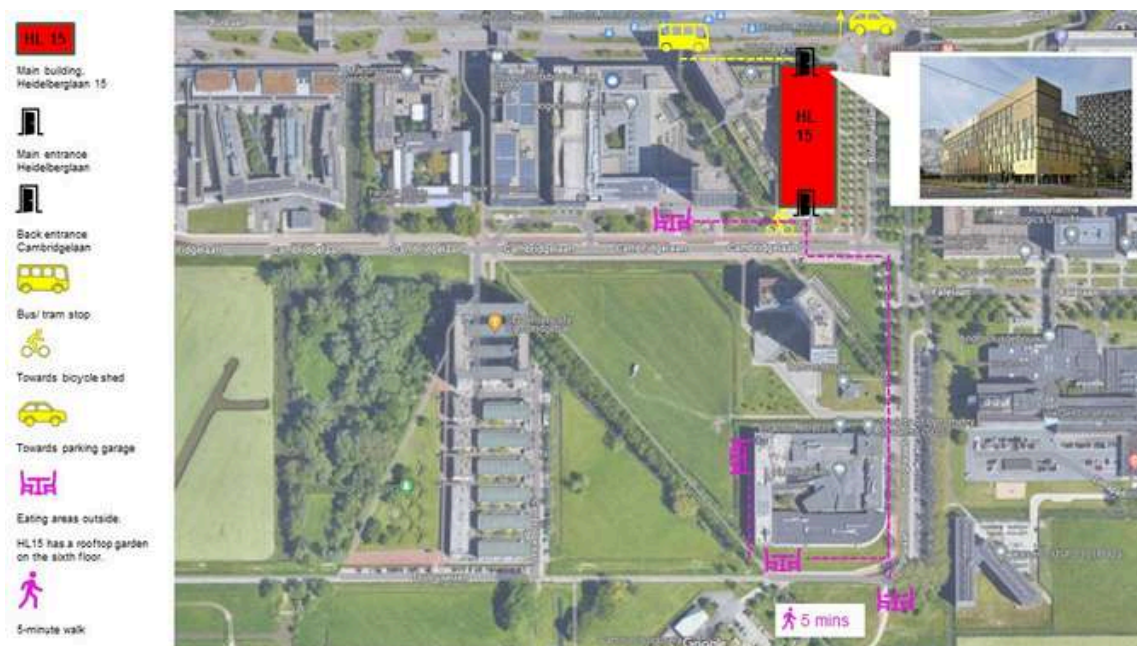
If you come by train to Utrecht Central Station, the easiest way is to take tram 20, 21 or 22 towards Science Park P+R. Get off at the Heidelberglaan stop. If you go by bus, also get off at the Heidelberglaan stop. From the stop, it is about a 2-minute walk to the venue.

Car

If you come by car, it is best to park in P+R Utrecht Science Park. This is a large parking garage on the A28 motorway. [Click here](#) for more information (in Dutch) about parking at P+R Utrecht Science Park, such as rates and opening hours. From here it is a 10-15 minute walk to the venue. There are also busses and trams going in the direction of Utrecht City Center (Utrecht Centrum)/ Utrecht Central Station (Utrecht Centraal) every 7 minutes. Get off at the Heidelberglaan stop. From the stop, it is about a 2-minute walk to the venue.

Bicycle

Next to the building is a bicycle shed. This bicycle shed is between two buildings and the entrance is a bit hidden and can be reached via the back entrance on Cambridgelaan. Navigate to Cambridgelaan 320, Utrecht and cycle into the bicycle parking area there. Through the bike shed you can walk straight ahead until you come out on Heidelberglaan. The main entrance is on the right.



PROGRAM - MORNING

TIME

ROOM NR.

08:30 Registration

09:30 Welcome and opening by Femke van Nassau **Main room 0.043**

10:00 Keynote I - María Fernández **Main room 0.043**
Implementation Mapping

11:00 Break and transfer to Think Tanks and workshops

11:15 Start **Think Tanks and workshops**

Think Tank 1 Measurement instruments for implementation research in the Dutch context **Purple room 5.100**

Workshop 1 Realist evaluation **Red room 6.036**

Think Tank 2 Strategy matching **Pink room 6.088**

Workshop 2 Bridging knowledge and practice - implementation science in health education **Blue room 6.054**

Think Tank 3 Certificering NIC (in Dutch) **Green room 3.068**

Workshop 3 The Visual Prototype as a reflective medium to gain insights in system-level implementations **Orange room 5.050**

12:15 Lunch: sit, walk, eat and talk

 **Join the NIC
meetup!**

PROGRAM - AFTERNOON

TIME

ROOM NR.

13:15 Keynote II - Harriet Koorts Main room 0.043

A systems approach to scale up for population health improvement

14:15 Break and transfer to parallel sessions

Session A Digital tools for implementation & implementation of digital tools Green room 3.068

Session B Implementation barriers and strategies Blue room 6.054

Session C Implementation research methods Purple room 5.100

Session D Implementation strategies Pink room 6.088

Session E Planning for implementation Red room 6.036

15:30 Break and transfer to Keynote III

15:45 Keynote III - Nikki van Eijk Main room 0.043

Guideline implementation research versus practice in mental healthcare

16:15 Plenary closure and wrap-up Main room 0.043

 Join the drinks afterwards to meet new people, reflect, complain, celebrate, and make new plans!

KEYNOTE SPEAKERS

KEYNOTE I - Prof.dr. María Fernández

implementation mapping

Dr. María Fernández is Vice President of Population Health and Implementation Science at the University of Texas Health Science Center at Houston (UTHealth Houston) and the founding Co-Director of the UTHealth Houston Institute for Implementation Science. Dr. Fernández is also the Lorne Bain Distinguished Professor of Public Health and Medicine, Professor of Health Promotion and Behavioral Sciences, and Director of the UTHealth Houston Center for Health Promotion and Prevention Research (CHPPR) at the UTHealth Houston School of Public Health. As a researcher and a leader, Dr. Fernández has spent her career conducting participatory community-engaged research and practice to develop, evaluate, implement, and disseminate interventions to improve health and health equity. Her research focuses on cancer and chronic disease prevention and control among underserved populations in the U.S. and globally. Maria is well known about her work on Intervention and Implementation Mapping. In her talk, Maria will dive into the details of these approaches and how this might aid both improving effective implementation practice as well as doing research into the mechanisms of applying methods and techniques for developing implementation strategies that are focused on behavioural change.



KEYNOTE II - A/Prof.dr. Harriet Koorts

A systems approach to scale up for population health improvement

Associate Professor Harriet Koorts is an Implementation Scientist with a background in public health and academia spanning over 15 years. Their research focuses on the implementation and scale-up of population health interventions, into clinical and community settings, using implementation and systems science methodologies. A/Prof Koorts leads Deakin University's Institute for Physical Activity and Nutrition (IPAN) Implementation Science and Knowledge Translation Domain, and co-leads Deakin's Faculty of Health Knowledge Translation and Evaluation Unit. Within these roles, they provide implementation science consultancy to >90 IPAN staff, across the Faculty and externally as required.



In this talk, Harriet will discuss current approaches to scaling up in public health, including how reframing current conceptualisations of 'successful' scale up may enhance population level impact. She will present recent research that has applied systems analysis methods to study scale up, and a practical tool that can help researchers and practitioners plan implementation scale up in practice.

KEYNOTE III - Early career researcher - Nikki van Eijk

Guideline implementation research vs. practice in mental healthcare

Nikki van Eijk is a PhD student at 113 Zelfmoordpreventie. She has a background in clinical and health psychology and has been working in suicide prevention since 2021. Her current research focus is on improving care for people with suicidality in mental healthcare.



In her presentation, Nikki will examine the gap between real-world environments, research and practice in mental health care, focusing on the implementation of guideline-based care for suicide prevention. Despite evidence supporting the benefits of clinical practice guidelines, adherence in mental healthcare settings remains low. We propose a large-scale study design for Dutch mental healthcare, utilizing implementation frameworks to enhance guideline adoption. The presentation will discuss the challenges of conducting implementation research in a dynamic field and balancing the needs of mental healthcare institutions with academic requirements. She will go into the nuances of improving guideline adherence and conducting research in complex.

CHAIR - Dr. Femke van Nassau

About Femke

Femke van Nassau (PhD) is senior researcher at the Department of Public and Occupational Health and Amsterdam Public Health Research Institute at the Amsterdam UMC. She studied Human Movement Sciences in Maastricht (2005). Her PhD focused on the nationwide scale up of the school-based obesity prevention program DOiT (2015). That is where her strong interest in Implementation Science started. Since then she has made it her mission to narrow the gap between science, practice and policy. Her main research topics are: Matching implementation strategies to facilitators and barriers, developing evidence-based implementation plans, scaling up processes, designing and conducting process evaluations and measurement of implementation processes. In her current role, Femke is involved in several prevention projects in different settings, such as in schools, the community, the workplace, football clubs and in the hospital. She is founder and chair of the Amsterdam Center for Implementation Science ([AmsCIS](#)), co-initiator of the Sport en Bewegen Implementatie Netwerk ([SPIN](#)), and co-initiated the Netherlands Implementation Collaborative ([NIC](#)), in which she chairs the Implementation Science Committee.



THINK TANKS AND WORKSHOPS

THINK TANK 1 - Measurement instruments for implementation in the Dutch context

Chairs: Patricia te Pas, Kristel Jenniskens

Many measurement instruments for implementation research are available, but they are often very specific, not user-friendly, or only available in English. Therefore, we want to gain an overview of available measurement instruments and their utility in Dutch settings. Participants will engage in small-group discussions about their experiences with finding and applying measurement instruments for their own implementation research.

WORKSHOP 1 - Introduction to Realist Methodology

Chairs: Mireille Dekker, Nikita Hensen

AmsCIS is excited to invite you to our workshop on Realist Methodology, designed to introduce participants to this powerful approach. The session will include a brief introduction to the topic, followed by an inspiring case discussion to showcase the types of questions Realist Evaluation can address. We will conclude with a hands-on exercise where participants will practice describing Context-Mechanism-Outcome (CMO) configurations.

Workshop highlights:

- Introduction to Realist Methodology
- Case discussion to inspire and demonstrate practical applications
- Interactive exercise on describing CMO configurations

Don't miss this opportunity to deepen your understanding and application of Realist Methodology. We look forward to your participation!

THINK TANK 2 - Strategy matching

Chairs: Reidar Nævedal, Christiaan Vis

Implementation strategies are selected and tailored to address determinants that influence the implementation of evidence-based interventions. Generally, this involves identifying determinants, matching strategies to determinants, and developing an action and evaluation plan. But how does this matching take place? Or rather, how should it be done? What criteria are used to determine which strategy is most effective or feasible? And who should be involved? Using a case of eMental health delivery and implementation in Norway and building on a review of methods for matching, this think tank will attempt to spell-out the steps, criteria, and actors for effective matching. We will identify areas for research to focus on to improve the matching, and notably, potential methodologies for tackling relevant research questions.

WORKSHOP 2 - Bridging Knowledge and Practice - Implementation Science in Health Education

Chair: Meike van Scherpenseel

This interactive workshop is designed to explore the essential role of implementation science in health education. We will start by introducing the key concepts and importance of implementation science, emphasizing its impact on bridging the gap between research and practical application. Then we dive into key skills and competencies of a so-called implementation practitioner, offering insights into this crucial role. The workshop will end with a 'do it yourself' part, in which together we think about practical strategies and best practices for incorporating implementation science into educational curricula. By the end of the session, you will be equipped with knowledge and tools to teach and apply implementation science in health practices in your field.

THINK TANK 3 - Certificering NIC (in Dutch)

Chairs: Kris Pelleboer, Di-Janne Barten en Gerjanne Vianen

Binnen de domeinen gezondheid, zorg en welzijn zien we steeds meer vraag naar kennis en ervaring op het gebied van implementatie. Zowel binnen beleid, onderwijs, onderzoek als de praktijk. Echter, het ontbreekt aan overzicht en inzicht wie welke kennis en expertise heeft dan wel nodig heeft. Om dit vakgebied verder te versterken en te professionaliseren in de gezondheidszorg is vanuit het Nederlands Implementatie Collectief (NIC) een project gestart om individuele certificering op te zetten voor professionals op het gebied van implementatie. Inmiddels is de projectgroep gestart met het opstellen van een profiel en tijdens deze workshop willen wij graag met de aanwezigen in gesprek over dit profiel en beoogde certificering voor implementatiedeskundigen.

WORKSHOP 3 - The Visual Prototype as a reflective medium to gain insights in system-level implementations

Speaker: Fredrik Karlsson, Delft University of Technology, Faculty of Industrial Design Engineering

When implementing complex interventions that span an extensive system, many entities are involved, such as the patient, healthcare professionals, technologies, and other contextual factors. Understanding the barriers and facilitators are often done in multiple ways such as interviews, focus groups, questionnaires and looking at existing data. Here, co-creation methods have great potential, as many elements must come together, which is one of the key arguments for using co-creation. In the early stages of implementation, there is much room for adapting to create a good fit between the intervention and the context. These conversations among stakeholders through a medium, such as a visual prototype, can be beneficial. Designers widely use prototypes

to align stakeholders and discuss ideas for adaptation. The visual prototype has a lot of potential to guide the conversation to align stakeholders and provide stimuli to react on to generate insights from participants. The prototype can also be used for research by creating a tangible medium that creates structure and something to relate qualitative research to in reporting about the conversations.

In this workshop, Fredrik will introduce the visual prototype as a medium for research and practice in complex implementations. Visual prototypes such as journey maps, scenarios, system maps, games, service blueprints, and roadmaps are used in design to reflect on the potential effect an intervention would have on a context to inform the development of products and services. This method also has the potential for implementation. The majority of the workshop will focus on experiencing using a prototype. The participants will try System Mapping or Journey mapping for one of their implementations. In doing so, the participants will experience how this method can benefit them in practice and research. The workshop will end with reflections on the participant's experience and how it could help them in their future work.

PARALLEL SESSIONS

SESSION A - Digital tools for implementation & implementation of digital tools

Speakers: Sundresan Naicker, Nikita Hensen

Exploring challenges in leveraging implementation science principles for health system innovation- Lessons from the Australian digital health context

Dr Sundresan Naicker, Australian Centre for Health Services Innovation

Health systems may be described as a type of complex adaptive system, characterized by emergent properties and a multitude of influencers on human behaviours. Effectively utilizing, adopting, and evaluating digital health interventions in this context presents ongoing challenges, including poor uptake, inappropriate use, and eventual abandonment over time. While the field of implementation science offers various theories, models, and frameworks to identify and modify contextual influencers within health systems, there is no one-size-fits-all approach or "gold standard." Instead, key translational factors serve as the underlying drivers of implementation success. These factors include adapting interventions to context, building implementation capacity, engaging stakeholders, effective communication and dissemination, and sustainable evaluation. However, harnessing these factors to optimize implementation processes and outcomes with rigour, remains challenging, particularly for digital health interventions. In unpacking and addressing this global implementation problem, the speaker will engage in a frank conversation about their perspectives and strategies for leveraging these translational factors across three main digital health system contexts within Australia: primary and sub-acute services, community-controlled healthcare organisations and tertiary care services. The discussion will draw from case studies (both current and prior) across the three main health system contexts, to explore challenges, successes, and ongoing issues for digital health implementation. These include incorporating rigour in non-controlled settings (i.e. single arm evaluations), "decolonising" implementation approaches and sustaining longer-term change.

This presentation will explore fundamental and ongoing methodological challenges related to conducting implementation research in "real world" settings, where pragmatism must meet scientific rigour. In doing so it aims to confer a nuanced and pragmatic understanding of the translational factors and underlying challenges involved in implementing complex interventions (digital health) in complex systems (health services). In exploring this, the audience may gain actionable strategies to enhance their own implementation efforts and drive positive change within their organizations and communities.

Development of the Primary Cancer Prevention Toolkit to support tailored implementation across 10 countries

Nikita Hensen, Amsterdam UMC, Department of Public and Occupational Health

Up to 50% of deaths related to cancer are considered to be preventable. Despite the existence of effective cancer prevention programmes (PCPs), impact often falls short due to poor adaptation and ineffective implementation strategies.

The PIECES project, a large multi-national project funded by Horizon Europe, aims to adapt and implement existing evidence-based interventions to improve implementation outcomes and by that, improve reach and effectiveness of PCP interventions in 10 countries. The project addresses six risk behaviors, including poor physical health, and focuses on the specific behaviour change mechanisms that promote healthy behaviours.

We developed an online Primary Cancer Prevention Implementation Toolkit (PCP-IT). The toolkit enables tailored implementation and is theory and evidence-based. It underwent refinement through workability and technical piloting workshops. The toolkit focuses on tailored implementation and empowers local implementers to adapt evidence-based Primary Cancer Prevention (PCP) programs and develop implementation strategies that are tailored to needs and constraints in local settings.

The toolkit consists of structured yet flexible work processes to guide implementation teams, including evidence-informed repositories for PCP programs, determinants of practice and implementation strategies, with a special module for stakeholder engagement throughout this process, and a community of practice.

The project anticipates that the toolkit's focus on adaptation and tailoring improves implementation outcomes of evidence-based interventions across diverse sites, associated with a reduction of cancer incidence among the European Union population and beyond. The planned mixed-method evaluation will provide insight into the toolkit's applicability and informing future cancer prevention strategies.

We will conduct a multi-site case comparison design, assessing key implementation outcomes (acceptability, feasibility, adoption, sustainability), guided by a realist evaluation approach and incorporating sociological and implementation theories to explore mechanisms of action. This positions the PCP-IT as a valuable resource for researchers and implementers to improve PCP implementation, fostering global health improvements.

SESSION B - Implementation barriers and strategies

Speakers: Olivia Fisher, Miriam Schutte

Harnessing the power of organisational stories for implementation science capacity building.

Dr Olivia Fisher, Wesley Research Institute Australia

Stories are powerful. In healthcare organisations the same stories can be told so often that over time they become accepted as truths. We refer to these as “organisational stories”. Although organisational stories can be effective motivators, they can be equally problematic when they are based on false assumptions or outdated data. Stories often remain long after a problem has been addressed. Organisational stories can represent a huge methodological problem when they go unchallenged. They can result in healthcare interventions that are unnecessary, inappropriate, and get staff and patients off-side.

Healthcare decision makers don't know what they don't know. One of the greatest health reform challenges internationally is developing decision-makers' knowledge and capacity for high-quality evidence-based design, implementation, and evaluation. Our research demonstrates that healthcare decision-makers and clinicians believe they're “doing” evidence-based practice. However, exposure to training in implementation science theories, frameworks and methodologies can dramatically change their perspectives and improve implementation practice.

A lack of understanding or awareness of the organisational stories that exist within an implementation context can result in failed project implementation. Organisational stories can be harnessed to motivate change, but effective story-checking is necessary. This requires identification, assumption-checking, developing a comprehensive understanding of the problem that needs to be addressed, and collaborative planning through participatory methodologies.

This is particularly important when implementing complex reforms such as large-scale digital healthcare innovations. Selection of the right technological innovation is not enough. Ensuring a healthcare organisation is digitally ready and has the overall readiness for change to adopt digital interventions requires an understanding of the stories that staff tell themselves and each other about digital healthcare. This presentation will provide examples of how basing healthcare interventions on organisational stories can go wrong, and strategies for harnessing organisational stories as a powerful tool for healthcare improvement.

How to design effective behaviour change interventions in the infection prevention field: lessons learned from literature

Miriam Schutte, Amsterdam UMC Department of Medical Microbiology and Infection Prevention

To identify what determinants influence physicians' infection prevention behaviour, what interventions to improve compliance have been explored, and whether theories, models and frameworks from implementation science have been used in these studies.

Scoping review methodology. We performed a literature search in PubMed, Embase, APA PsycInfo and Web of Science up to June 2, 2023, in collaboration with a medical information specialist. All study types focusing on infection prevention behaviour of physicians in high-income countries were included. Data on determinants, implementation strategies and interventions was extracted; determinants were categorized into the Theoretical Domains Framework.

We included 56 articles. The Theoretical Domains Framework domains "environmental context and resources", "social influences", "beliefs about consequences", "memory, attention and decision-making", "knowledge" and "skills" were found most relevant. The most frequently reported determinant covers a theme outside the TDF: socio-demographic factors. Sustainable interventions are multimodal approaches that at least consist of feedback, education and a champion. Theories, models and frameworks have rarely been used to guide implementation strategy development.

This review presents an overview of determinants of physicians' infection prevention behaviour. Intervention studies rarely specify the determinants that they aim to address and lack theoretical underpinning. Future initiatives should combine knowledge about determinants with implementation science to develop theory-based interventions matched to determinants.

SESSION C - Implementation research methods

Speakers: Eden Meng Zhu, Linda van der Spek

Conducting a systematic scoping review on the implementation of non-pharmacological interventions for informal caregivers of people with dementia: methodologies applied and lessons learned

Eden Meng Zhu, Erasmus University Rotterdam (Erasmus School of Health Policy and Management)

Informal caregivers of people with dementia living at home are often the primary source of care, and, in their role, they often experience loss of quality of life. This scoping review aims to systematically synthesize the literature that reports implementation strategies employed to deliver home- and community-based interventions for informal caregivers, the implementation outcomes, and the barriers and facilitators to implementation of these interventions.

Titles and abstracts were screened using ASReview (an innovative AI-based tool for evidence reviews), and data extraction was guided by the ERIC taxonomy, the Implementation Outcome Framework, and the Consolidated Framework for Implementation Science Research; each framework was used to examine a unique element of implementation.

Sixty-seven studies were included in the review. Multicomponent (26.9%) and eHealth (22.3%) interventions were most commonly reported, and 31.3% of included studies were guided by an implementation science framework. Training and education-related strategies and provision of interactive assistance were the implementation strategy clusters of the ERIC taxonomy where most implementation strategies were reported across the reviewed studies. Acceptability (82.1%), penetration (77.6%), and appropriateness (73.1%) were the most frequently reported implementation outcomes. Design quality and packaging (intervention component suitability) and cosmopolitanism (partnerships) constructs, and patient's needs and resources and available resources (infrastructure) constructs as per the CFIR framework, reflected the most frequently reported barriers and facilitators to implementation.

Included studies focused largely on intervention outcomes rather than implementation outcomes and lacked detailed insights on inner and outer setting determinants of implementation success or failure. Recent publications suggest implementation science in dementia research is developing but remains in nascent stages, requiring future studies to apply implementation science knowledge to obtain more contextually relevant findings and to structurally examine the mechanisms through which implementation partners can strategically leverage existing resources and regional networks to streamline local implementation.

Tailoring a smoking cessation intervention and extending it with financial incentives: challenges in implementation research and its translation to policy

Linda van der Spek, Division of Neonatology, Department of Neonatal and Paediatric Intensive Care, Erasmus MC Sophia Children's Hospital, University Medical Centre Rotterdam

Smoking is a major cause of health disparities. To decrease the socioeconomic differences and severe health consequences of smoking to (expecting) parents and their (unborn) children, (expectant) parents need to quit smoking. Since 2019, the evidence-based proactive Dutch smoking cessation program Smoke-free Parents (SFP) has been implemented in the Netherlands.

The Trimbos Institute and Taskforce Smoke-free Start implemented this program nationally via health care providers and the national smoking cessation website www.ikstopnu.nl. However, despite its (cost-)effectiveness, this program has not been tailored to (expectant) parents in a vulnerable position (e.g., due to a lower socioeconomic status) yet. Moreover, recent research strongly advocates for the integration of financial incentives to augment the efficacy of smoking cessation interventions.

This ongoing PhD-project, initiated in 2022, endeavors to address these gaps by pursuing the following objectives: to 1) systematically review evidence on how financial incentives can be implemented as part of smoking cessation programs for (expectant) parents; 2) tailor SFP to (expectant) parents in a vulnerable position through co-creation; 3) explore stakeholder preferences regarding financial incentives in a policy lab; and 4) test the feasibility and implementability of the new tailored SFP program in a pilot study. Ultimately, these endeavors should enable implementation of financial incentives in SFP and other smoking cessation programs and implementation of a revised version of SFP tailored to (expectant) parents in a vulnerable position.

SESSION D - Implementation strategies

Speakers: Esther Bisschops, Iris van der Horst

Evaluating a Community-of-Practice as implementation strategy for the Needs Assessment Framework in intellectual disability care: multi-methods study

Esther Bisschops, Academic Collaboration Viveon, Vrije University Amsterdam

The e-tool Needs Assessment Framework (NAF) stimulates care staff to take the perspective of clients with an intellectual disability in decisions on involuntary care. We explored whether participation of implementers from multiple organisations in a Community of Practice (CoP), in which the ItFits-toolkit was used for designing implementation plans, supported the uptake and use of NAF.

A quasi-experimental design was used to compare care staff outcomes between organisations that implemented NAF with participation in the CoP (N= 4) and organisations that implemented NAF as usual (N= 3). Measured care staff outcomes (n= 54) were Level of Implementation, which was measured with the adapted Dutch Normalisation Measure Development scale (NoMAD), and a self-constructed questionnaire Degree of Awareness of considering clients' perspective on involuntary care. Implementers in the CoP were care professionals from various backgrounds in intellectual disability care. The ItFits working routine in the CoP was qualitatively analysed to understand how choices were made concerning design of implementation plans.

No significant differences in care staff outcomes were found between the experimental and control groups. Working together with implementers from various organisations in a CoP was seen as fruitful for setting an objective for implementing NAF, making choices for implementation plans, and tailoring interventions to the needs of organisations. Implementers evaluated the tailored educational intervention most positive, because this reached care staff directly. The ItFits work routine was seen as helpful to stay on task.

Although implementers did see benefits of the CoP as implementation strategy hindering factors within the political and organisational context, were detrimental in executing implementation interventions as designed. Tailoring interventions directly to the needs of care staff might lead to better results on level of NAF implementation and the degree of care staff's awareness towards involuntary care.

Infection control link nurses in nursing homes

Iris van der Horst, Amsterdam UMC, MMIP

The Covid-19 pandemic emphasized the importance of infection prevention and control (IPC) in nursing homes (NHs). Effective IPC in NHs involves preparedness, starting by having a well-documented IPC strategy, followed by implementation of IPC policy by NH staff in daily practice. Implementation of IPC policy can be hampered by barriers associated with the complex and dynamic NH environment. Implementation of infection control link nurses (ICLN) can be an effective strategy to overcome these barriers. ICLN's are NH staff members with additional IPC tasks and responsibilities, who motivate their colleagues in order to improve IPC policy compliance. Whereas implementation of ICLNs in the acute care settings has been described, the implementation of ICLNs in the long-term care setting is less documented and it is unknown if, how and to what extent ICLNs are currently active in NHs.

In a mixed-method study, starting June 2024, we aim to assess the variety of IPC implementation in NHs, with or without ICLNs. Questionnaires and in-depth interviews will be held in Dutch NHs in the region Noord-Holland and Flevoland. We will gain an understanding of ICLN NH specific roles, responsibilities and collaborations with other stakeholders. From this data we will derive which elements of the ICLNs programs in NHs are successful and why these are successful. In addition, we will explore where the needs lie in terms of IPC in the NHs. Our hypothesis is that the embedding of IPC in NHs will highly vary and that the current support of NH staff in the application of IPC in daily practice is poor.

SESSION E - Planning for implementation

Speakers: Roel Mocking, Kristel Jenniskens

Implementation of deep brain stimulation in psychiatry

Roel Mocking, Amsterdam UMC, Department of Psychiatry

Deep brain stimulation (DBS) is a regular treatment for treatment-resistant neurological disorders - such as Parkinson's disease or essential tremor - that is considered in every eligible patient. DBS's application for the psychiatric condition obsessive-compulsive disorder (OCD) lags behind, although DBS is also proven (cost-)effective and reimbursed for this indication. Despite comparable numbers of Parkinson's and OCD-patients and comparable effectiveness, it is estimated that DBS is used worldwide 1000 times less often in psychiatry than in neurology. Broader application of DBS in psychiatry could prevent a substantial disease burden in patients. Furthermore, DBS is currently mainly used in highly educated white patients, suggesting that there are aspects of diversity that further hinder access to DBS.

In this project we want to identify barriers to DBS-application for psychiatric indications and learn how to overcome them, including diversity aspects. The aim is to learn transdiagnostically from best practices in neurology, as well as from patient experiences and patient associations, in order to implement DBS-application in psychiatry.

The project is led by the Interdisciplinary Working Group on Psychiatric DBS in which psychiatrists, neurosurgeons, psychologists and nurse specialists work together to advance DBS in psychiatry, supported by funding from Nationaal Plan Hoofdzaken. An implementation strategy is being developed, optimized and implemented in collaboration with all network partners, including experts, patient representatives and implementation advisor BeBright. To this end, existing implementation initiatives are inventoried and bundled, after which they are analyzed using the iterative RE-AIM/PRISM implementation framework. Additional SMART-implementation initiatives will be formulated based on a gap analysis, which will be tested and applied iteratively.

An implementation strategy in coordination with all network partners resulting in twofold increase of the use of DBS for (a more diverse population of) patients with OCD.

Increased use of DBS for OCD improves quality of life, functioning and recovery of patients with treatment-resistant OCD. Attention to diversity aspects reduces health disparities.

Development of an implementation plan for school-based depression and suicide prevention

Kristel Jenniskens, GGZ Oost Brabant and 113 Suicide Prevention

Multimodal school-based approaches are promising in improving mental health and preventing depression and suicide in adolescents. The STORM-approach (Strong Teens and Resilient Minds) is an example of such an approach, in which stakeholders in the network of care and education collaborate on a regional level. The approach is science-based and several components of the approach have been found effective. Therefore, it is currently being scaled-up within the Netherlands.

To guide new regions in implementing the STORM-approach, an implementation plan was developed in co-creation with practice stakeholders, following the steps of Implementation Mapping. The presentation will focus on the practical application of these steps in the development of the implementation plan for the STORM-approach. At the end of the presentation, the audience will be engaged in a discussion about how to evaluate implementation success.

ORGANIZERS AND SPONSORS

Femke van Nassau, dr., senior researcher, Public and Occupational Health and Amsterdam Public Health research institute, Amsterdam Center for Implementation Science (AmsCIS), Amsterdam UMC

Jasmijn Breunese, promovenda PIECES, Trimbos institute

Kristel Jenniskens, promovenda STORM, GGZ Oost Brabant & 113 Zelfmoordpreventie

Nikita Hensen, promovenda PIECES, Public and Occupational Health and Amsterdam Public Health research institute, Amsterdam Center for Implementation Science (AmsCIS)

Meike van Scherpenseel - Research Group Innovation of Human Movement Care, Research Center for Healthy and Sustainable Living, HU University of Applied Sciences Utrecht

Rixt Smit, postdoc, Public and Occupational Health and Amsterdam Public Health research institute, Amsterdam Center for Implementation Science (AmsCIS), Amsterdam UMC

Christiaan Vis, dr., senior researcher, Public and Occupational Health and Amsterdam Public Health research institute, Amsterdam Center for Implementation Science (AmsCIS), Amsterdam UMC

