

Feedback on staff's readiness for implementation

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INTRODUCTION

Care providers constantly assess helping and hindering conditions during implementation of evidence-based practices [1].

Implementation leadership imply facilitation and support tailored to the care providers' changing needs [2].

However, the empirical grounding for these assumptions are week.

AIM

We aimed to

a) test if staff's reported readiness is associated with implementation outcomes at different phases in the implementation, and

b) explore the usefulness of feedback on such readiness for implementation leadership.

METHOD

Cluster-RCT including 39 Norwegian mental health care centers implementing evidence-based practices for psychosis treatment.

Intervention: Training, implementation support and feedback every sixth month on staff's readiness and implementation outcomes.

Data: Implementation Process Assessment Tool (IPAT) questionnaire [3] and implementation outcomes by fidelity scales.
Structured individual interviews with leaders post-hoc.

The Implementation Process Assessment Tool (IPAT):

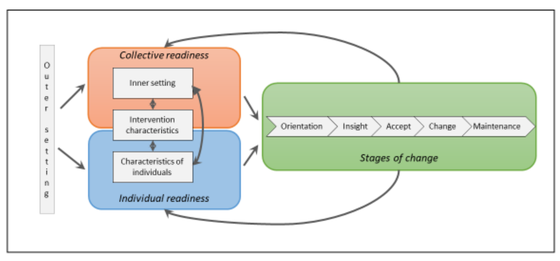


Figure 1: Illustration of the theoretical grounding for the Implementation Process Assessment Tool (IPAT) [3]. Factors of the main CFIR domains Outer setting, Inner setting, Intervention characteristics and Characteristics of individuals [1] are constantly being interpreted by care providers, implying readiness at two levels; the individual and the collective. The degree of readiness and the progression of stages of change are expected to interact.

Examples from the 27 items IPAT [3] :
Item 4: *I have discussed with colleagues how this new practice will work in our unit.*
Item 16: *I believe the patients will benefit from the improvement.*
Item 26: *I feel confident that we [your team] have the necessary knowledge and experience of systematic improvement.*

RESULTS

Staff's readiness was positively affected by the implementation supportive intervention (t(140)=2.22, p=0.028) [5].

Staff's reported readiness (IPAT-score) associated with implementation outcome (fidelity-score) at 12 months: (B(CI)=0.4 (0.0, 0.7), p=0.045) and 18 months: (B(CI)=0.7 (0.2, 1.1), p=0.004) [4].

Implementation activities → **Staff's readiness** ↔ Implementation

IPAT feedback

Leaders' experiences of usefulness and challenges using the IPAT feedback (N=37):

Helps to map the situation and staff's needs

(The IPAT feedback) did not led to decisions but raised our awareness.

It revealed lack of engagement in the out-patient clinic. We managed to involve them.

(In retrospect) I think IPAT-feedback would have been useful. Have experienced great frustration among the leaders for failing the implementation.

Lack implementation skills and knowledge

I found IPAT-reports useful, but to profit from them I need to understand them better.

I see the usefulness and understand what it means but find it difficult to translate it to action.

The implementation facilitator's competence was useful for interpreting the IPAT-feedback.

Involvement and integration

The information was useful but is somehow not in line with how we do it. A few individuals do this implementation - no collective ownership.

I've discussed the IPAT feedback with my two clinical advisors, but I am not involved in the implementation process.

It is the clinicians that know about this implementation. I know little about it.

Figure 2: Themes and statements from leaders about the usefulness and challenges using the IPAT feedback.

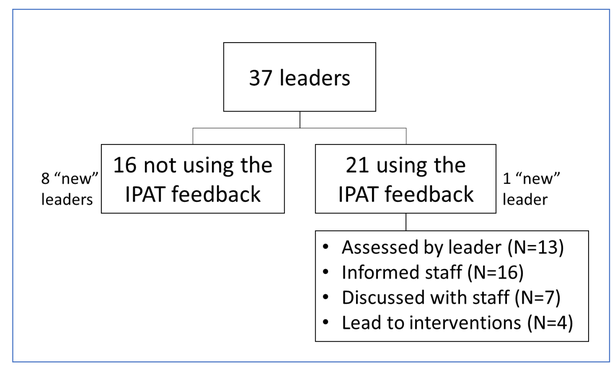


Figure 3: Number of leaders reporting to use the IPAT feedback and how many reported active adaption of the implementation support based on the feedback. «New» leader = leadership change during the study period.

CONCLUSIONS

Larger success in implementation can be achieved by repeated feedback on staff's IPAT-scores. However, the gain of such feedback relies on sufficient implementation leadership knowledge and skills.

Implications:

- We should pay more attention to care providers' readiness throughout the implementation process to complete and sustain the new practice.
- Implementation leadership training should be emphasized.
- Further research on informed implementation leadership is needed.

DECLARATIONS

Ethical approval: The study was approved by The Regional Committee for Medical and Health Research Ethics in Southeastern Norway (Reg.no. REK 2015/2169) and the Data protection officer for each participating hospital trust.

Registration:
ClinicalTrials.gov Identifier: NCT03271242

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