IMPACT
SWISS IMPLEMENTATION SCIENCE NETWORK

The Value of Implementation Science in Health and Social Care

3rd Conference of the Swiss Implementation Science Network IMPACT

University of Basel
Pflegewissenschaft
Nursing Science

UNIVERSITÉ DE GENÈVE

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Swiss TPH
Swiss Tropical and Public Health Institute

WELCOME IN GENEVA !

IMPACT, the Swiss Implementation Science Network, an interdisciplinary platform for researchers and professionals, organises its first in-person conference to discuss innovations in implementation science. This year's conference theme is: "**The Value of Implementation Science in Health and Social Care".** IMPACT aims to bring together national and international scientists, health and social care providers, policy makers, funders, and organisations interested in implementation science.

Implementation science promotes the tangible integration of research findings and evidence-based interventions into policy and practice. Implementation science plays a crucial role in many fields including health, social care and environmental science. This field of research is gaining in importance in Europe and in Switzerland and is of critical value for society. It reduces research waste and facilitates the successful uptake of new evidence-based interventions, while supporting also the de-implementation of low-value care practices. **Implementation science closes the gap between what we know and what we do !**

Whether you are an expert or a beginner, please join our scientific community to learn and exchange about implementation science, and to take an active part in progressing this field of research in Switzerland. Join us at this very special occasion and play a part in designing the future of implementation science in Switzerland.

Innovations in implementation science will be presented by international renown experts, several Swiss studies using implementation science will be showcased, an interactive round table will allow experts and public to design the future of implementation science in Switzerland and beyond, a pre-conference workshop will provide an important learning experience to advance methodology for beginners, and ample possibilities will be provided to present your own work.

The University of Geneva in collaboration with the University of Lausanne and the other members of IMPACT look forward to welcoming you.

ORGANISING COMMITTEE

Pr Marie Schneider, chair of the conference, University of Geneva

Pr Cédric Mabire, co-chair of the conference, University of Lausanne

Pr Sabina De Geest, University of Basel

Dr Sarah Serhal, University of Geneva

Dr Bastiaan Van Grootven, University of Basel

Sophie Gendolla, MSc, University of Zurich

Pr Lauren Clack, University of Zurich

Dr Aita Signorell, Swiss Tropical and Public Health Institute, University of Basel

Juliane Barnick, University of Basel

Coralie Peguet, University of Lausanne

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Swiss TPH
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IMPACT CORE GROUP MEMBERS

Dr. Christina Akre, PD, Unisanté, University Center for Primary Care and Public Health, University of Lausanne

Prof. Dr. med. Carole Aubert, Inselspital, Bern University Hospital

Dr. Peter Brauchli, Institute for Implementation Science in Health Care, University of Zurich

Prof. Dr. Thekla Brunkert, Faculty of Health Sciences and Medicine, University of Lucerne

Prof. Dr. Lauren Clack, Institute for Implementation Science in Health Care, University of Zurich

Prof. Dr. Sabina De Geest, Nursing Science, Department Public Health, University of Basel

Dr. Suzanne Dhaini, University Children's Hospital Zurich – Eleonore Foundation

Prof. Dr. Jörg Goldhahn, ETH Zurich, Gesundheitswissenschaften und Technologie

Prof. Dr. Cédric Mabire, Institute of Higher Education and Research in Healthcare – IUFRS, University of Lausanne

Prof. Dr. phil. Carla Meyer-Massetti, Swiss Patient Safety Foundation, Bern

Dr. Juliane Mielke, Nursing Science, Department Public Health, University of Basel

Prof. Dr. Marie Schneider, Medication adherence and interprofessionality, School of Pharmaceutical Sciences, University of Geneva

Prof. Dr. Jürg Utzinger, Swiss Tropical and Public Health Institute and University of Basel

Prof. Dr. Kaspar Wyss, Swiss Tropical and Public Health Institute and University of Basel

Mrs. Juliane Barnick, Nursing Science, Department Public Health, University of Basel

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PROGRAM

07.11.24 | Uni Mail, University of Geneva

12:15-17:00 WELCOME DESK OPEN

Preconference Workshop - Implementation Science 101: an introduction to implementation science and its application : 13:00-16:00

13:00 WELCOME AND INTRODUCTIONS - ROOM MS150
Dr Sarah Serhal, Dr Bastiaan Van Grootven

13:15 INTRODUCTORY LECTURE TO IMPLEMENTATION SCIENCE - ROOM MS150 - Pr Sabina De Geest

13:45 QUICK OVERVIEW OF KEY IMPLEMENTATION SCIENCE COMPONENTS : PATIENT AND PUBLIC INVOLVEMENT, CONTEXTUAL ANALYSIS, SOCIAL MARKETING FOR IMPLEMENTATION - ROOM MS150
Dr Lotte Verweij, Dr Juliane Mielke, Dr Sabine Valenta, Pr Suzannne Suggs

14:05 BREAK - MAIN HALL

GROUP WORK

14:15 GROUP WORK - ROOMS MS150 ; MR170 ; MR160
Dr Lotte Verweij, Dr Juliane Mielke, Dr Sabine Valenta, Pr Suzannne Suggs

15:40 SESSION CLOSING : CLOSING REMARKS FROM GROUPS, STATUS OF THE NEW MEDICINE SERVICE HERE IN SWITZERLAND - ROOM MS150
Dr Lotte Verweij, Dr Juliane Mielke, Dr Sabine Valenta, Pr Suzannne Suggs, Dr Sarah Serhal, Dr Bastiaan Van Grootven

07.11.24 | Uni Mail, University of Geneva

INDUSTRY WORKSHOP - Unlocking Potential: The Essential Role of Implementation Science in the Pharmaceutical Industry - open to all conference attendees - 14:30-16:00 - ROOM M1140

14:30-15:00 PRESENTATION: Introduction to Implementation Science in the Pharmaceutical Industry: what is it, its value, and how to make it happen

Skip (Melvin) Olson (Olson Strategies) & Sabina De Geest

The workshop will address the following questions:

(1) The benefit of implementation science to the pharmaceutical industry is easy to quantify but how can industry embrace it?

(2) Should the "Science" be removed from "Implementation Science" to make things simpler (and quicker)?

(3) Can academia collaborate on new approaches to implementation science for pharma that are more approachable and easier to implement? Are they needed?

15:00-16:00 ROUNDTABLE DISCUSSION

Conference : 16:30-18:15

16:30 WELCOME ! - ROOM MS150

Pr Marie Schneider, School of pharmacy, Faculty of Science
Pr. Alexandra Calmy, Vice-dean of Faculty of Medicine

SHOW CASE SESSION to illustrate the methodological specificities of implementation science beyond pragmatic trials, using Swiss research projects:

- Pr Kaspar Wyss, Swiss Tropical and Public Health Institute & University of Basel, Switzerland
  SomPsyNet, for the management of psychosocial distress consequences in somatic hospitals in Basel-Stadt: process and outcome evaluation through a mixed methods approach
- Pr Franziska Zúñiga, Institute of Nursing Science (INS), University of Basel, Switzerland
  Changing practice with an implementation science approach – Insights from INTERCARE (Strengthening Geriatric Expertise in Swiss Nursing Homes)

DISCUSSION

THE SWISS IMPLEMENTATION SCIENCE NETWORK (IMPACT)
IMPACT core group representatives

18:15 WELCOME DRINK - MAIN HALL

08.11.24 | Uni Mail, University of Geneva

Conference 09:00-16:30

08:30 **WELCOME DESK OPENS**

09:00 **WELCOME - ROOM MS150**
Pr Cédric Mabire, University of Lausanne, Switzerland
Pr Costanza Bonadonna, Dean of Faculty of Science, Geneva
Pr. Patrycja Nowak, Vice-dean School of Pharmacy, University of Geneva

09:10 **KEYNOTE**
Pr Shari Rogal, Departments of Medicine and Surgery, University of Pittsburgh, US
Optimizing Approaches to Select Implementation Strategies (Project OASIS, CFIR-ERIC frameworks)

10:10 **COFFEE BREAK AND POSTER VIEWING - MAIN HALL**

10:45 **ORAL COMMUNICATION PARALLEL SESSIONS**
Session 1 : *Implementation strategies* - moderators : Pr Cedric Mabire & Sophie Gendolla - **ROOM MS150**
Session 2 : *Primary and community care* - moderators : Dr Aita Signorell & Dr Suzanne Dhaini - **ROOM MR160**
Session 3 : *Thinking out of the box* - moderators : Pr Lauren Clack & Dr Bastiaan Van Grootven- **ROOM MR170**

12:15 **LUNCH - MAIN HALL**

12:45 **POSTER WALK & POSTER VIEWING**
Moderators: Dr Sarah Serhal, Dr Suzanne Dhaini, Dr Bastiaan Van Grootven, Dr Aita Signorell, Dr Lotte Verweij, Dr Sabine Valenta, Dr Bianca Albers and Dr Joanie Pellet
Poster walk 1 - *Primary care* - **ROOM MR170**
Poster walk 2 - *Pharmacy* - **ROOM MR170**
Poster walk 3 - *Acute care* - **ROOM MR160**
Poster walk 4 - *Methods* **-** **ROOM MR160**

13:30 KEYNOTE - ROOM MS150

Pr Jeremy Grimshaw, Department of Medicine, University of Ottawa, Canada

Designing implementation research to enhance impact with a focus on the Choosing Wisely De-Implementation Framework (CWDIF)

14:30 ORAL PRESENTATION - ROOM MS150

Sabine Valenta et al., Nursing Science, Department Public Health, University of Basel, Switzerland

Evaluation of an eHealth-facilitated, integrated care model for stem cell transplanted patients: Preliminary results of the SMILe project's hybrid effectivenes-implementation RCT in Switzerland

14:45 REFRESHMENTS - IN FRONT OF THE CONFERENCE ROOM

15:00 INTERACTIVE ROUND TABLE - ROOM MS150

Moderator: Dr Kate Molesworth

Panelists: Pr Antoine Flahault, University of Geneva,
Pr Guy Haller, Geneva University Hospitals,
Pr Sabina de Geest, University of Basel
Dr Katharina Lichtner, Family Larsson-Rosenquist Foundation

Positioning and enabling timely uptake of implementation science in research projects in Switzerland and beyond, to increase scientific and societal impact, and strengthen IMPACT as an inspiring scientific network and community.

16:15 CLOSING CEREMONY & AWARDS - ROOM MS150

ORAL COMMUNICATION PARALLEL SESSIONS

SESSION 1: IMPLEMENTATION STRATEGIES - ROOM MS150

Mapping implementation strategies to reach community-dwelling older adults in Northwest Switzerland
Maria Mendieta et al.
Nursing Science, Department of Public Health, University of Basel, Switzerland

Development of an integrated implementation strategy to improve the use of the Organizational Health Literacy Self-Assessment Tool for Primary Care (OHL-Self-AsseT)
Natascha Stuermer et al.
Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Switzerland

Enhancing Care Transitions: Implementing and Evaluating a Patient-Oriented Discharge Summary
Joanie Pellet et al.
Institute of Higher Education and Research in Healthcare (IUFRS), Lausanne University Hospital and University of Lausanne, Switzerland

Tailored strategies to increase adoption, implementation, and continued utilization of point-of-care procalcitonin to guide antibiotic prescription in Swiss primary care practices
Aline Wolfensberger et al.
Institute for Implementation Science in Healthcare, University of Zurich, Switzerland

Improving systematic recording and discussion of intraoperative adverse events: Results of a context analysis during pre-implementation
Zuzanna Kita et al.
Quality Management and Patient Safety, University Hospital Zurich, Switzerland

Developing implementation strategies through Intervention Mapping: Introducing new medical quality indicators in Swiss long-term care facilities
Jianan Huang et al.
Institute of Nursing Science (INS), Department of Public Health, University of Basel, Switzerland

ORAL COMMUNICATION PARALLEL SESSIONS

SESSION 2: PRIMARY AND COMMUNITY CARE - ROOM MR160

Comparative effectiveness of de-implementation strategies to reduce low-value pharmacological prescription in cardiovascular disease primary prevention in Primary Care: The DE-imFAR study
Alvaro Sanchez et al.
Primary Care Research Unit of Bizkaia, Osakidetza-Basque Health Service, Spain

De-implementation of low-value home-based nursing care: a process evaluation
Milou Cremers et al.
Erasmus University Medical Center, Netherlands

Contextual analysis of the Swiss primary care ecosystem for delivery of the myCare Start service using a convergent mixed methods design – The myCare Start-Implementation project
Sarah Serhal et al.
School of Pharmaceutical Sciences, Faculty of Science, University of Geneva, Switzerland

Implementation evaluation of a pharmacist prescribing service for the management of uncomplicated urinary tract infections
Noelia Amador Fernandez et al.
Graduate School of Health, University of Technology Sydney, Australia

Implementation in routine practice of the frailty and complexity indexes derived from the interRAI HC: evaluation of pre-implementation and implementation outcomes and strategies
Fanny Vallet et al.
Geneva Institution for Homecare and Assistance (IMAD), Switzerland

Assessing relevance of PRISM framework domains for implementation of cervical cancer screening in West Cameroon
Keitly Mensah et al.
University of Paris, IAME, INSERM, France

ORAL COMMUNICATION PARALLEL SESSIONS

SESSION 3: THINKING OUT OF THE BOX - ROOM MR170

Comparing two approaches for tailoring implementation strategies: case study of a structured type 1 diabetes education programme (DAFNE Ireland)
Aoife O'Mahony et al.
University College Cork, Ireland

Firm, yet flexible – the intricacies of contemporary fidelity research
Bianca Albers et al.
Institute for Implementation Science in Health Care, University of Zurich, Switzerland

Family-Systems Care for Small and Sick Newborns in Ghana: An Implementation Science Approach Using Participatory Action Research
Christina Schuler et al.
Institute of Global Health, Faculty of Medicine, University of Geneva, Switzerland

A contextual analysis of a Swiss model of transition from pediatric to adult rheumatology as part of the heroes (rheumatology transition for young people in switzerland) study
Lut Berben et al.
University Children's Hospital of Basel, Switzerland

Adapting concepts and methods from other fields to strengthen implementation
Bo Kim et al.
VA Boston Healthcare System, USA

Operationalization of public health policies – a breastfeeding case study
Katharina Lichtner et al.
Family Larsson-Rosenquist Foundation, Switzerland

POSTER WALK Nr 1

PRIMARY CARE - ROOM MR170 - 12:45 - 13:30

1 - Understanding capacity to treat first episode psychosis with a hybrid tele-mental health services model: a needs assessment of Ohio Community Mental Health Centers to support the dissemination of evidence-based behavioral health services
Hogan Tory et al.
The Ohio State University College of Public Health, USA

2- Implementation determinants for point-of-care procalcitonin guided antibiotic prescription in Swiss primary care
Sophie Gendolla et al.
IfIS, Zurich, Switzerland

3 - Implementing a Disease Management Program in Swiss Primary Care to Improve Diabetes Care: Results and Experiences from a Long-Term Follow-Up Study
Marc Höglinger, et al.
Winterthur Institute of Health Economics, Switzerland

4 - Implementing social obstetrics in the Netherlands: pathways and strategies from research to national health program(s)
Rachita Munshi et al.
Erasmus University Medical Center Rotterdam, Netherlands

5 - Transition in care: A contextual analysis of outpatient care practices after hospital discharge
Léa Solh Dost et al.
School of Pharmaceutical Sciences, University of Geneva, Switzerland

6 - Identifying Key Determinants for Implementing a New Model of Care Integrating Advanced Practice Nursing in Public Home Care Services in Geneva, Switzerland: A Study Protocol for Contextual Analysis
Charlotte Blot et al.
Institute of Higher Education and Research in Healthcare (IUFRS), University of Lausanne (UNIL) and University Hospital of Lausanne (CHUV), Switzerland

7 - High Quality Care Provided at Primary Eye Care Model in Singapore: A Mixed Methods Study
WanFen Yip et al.
Health Services and Outcomes Research, National Healthcare Group, Singapore

POSTER WALK Nr 2

PHARMACY - ROOM MR170 - 12:45 - 13:30

8 - Implementation of a Digital Tool for Pharmacy Counselling in Emergency Contraception
Esther Spinatsch et al.
University of Basel, Basel, Switzerland

9 - PHARM-BST: Simulation tool of implementation costs and profitability for implementers and researchers in community pharmacy context
Clémence Perraudin et al.
Department of Ambulatory Care, Unisanté, Center for Primary Care and Public Health & University of Lausanne, Switzerland

10 - Implementation and cost-effectiveness of assisted teleconsultation in community pharmacies in Geneva, Switzerland – Study protocol
Coralie Godot et al.
School of Pharmaceutical Sciences, University of Geneva, Switzerland

11 - Evaluating the implementation of medication adherence interventions by pharmacy-driven living labs in the Netherlands
Marcia Vervloet et al.
Nivel, Utrecht, Netherlands

12 - Stakeholder co-development of an interprofessional service targeting initiation adherence - the myCare Start - Implementation project
Karima Shamuratova et al.
School of Pharmaceutical Sciences, University of Geneva, Switzerland

13 - Launching a Study with an App-Based Adherence Service in Community Pharmacies - Challenges in Patient Recruitment
Charlotte Blot et al.
Kirstin Messner et al.
University of Basel, Basel, Switzerland

POSTER WALK Nr 3

ACUTE CARE - ROOM MR160 - 12:45 - 13:30

14 - IMPROVE AKI: A Cluster-Randomized Trial of Team-Based Coaching Interventions to IMPROVE Acute Kidney Injury
Jeremiah Brown et al.
Dartmouth Center for Implementation Science, Hanover, USA

15 - Implementing infection prevention and control in European acute care hospitals: A configurational comparative analysis in REVERSE
Laura Caci et al.
Institute for Implementation Science in Health Care, Medical Faculty, University of Zurich, Switzerland

16 - Implementation of routine recording of intraoperative adverse events according to ClassIntra® during the sign-out phase of the WHO Surgical Safety Checklist using a multifaceted, tailored implementation strategy: protocol of a collaborative before- and after-cohort project
Lisa M. Willms et al.
Department of Acute Medicine, University Hospital Basel, Switzerland

17 - The road to successful implementation: a research-based implementation protocol for innovations in radiotherapy.
Rachelle Swart et al.
Stichting Maastricht Radiation Oncology, Maastricht, Netherlands

18 - Implementation of a Clinical Decision Support System for the Early Detection of Hospital-Acquired Pressure Injury Risk: A Context Analysis
Sophie Pouzols et al.
Lausanne University Hospital and University of Lausanne, Switzerland

POSTER WALK Nr 4

METHODS - ROOM MR160 - 12:45 - 13:30

19 - Effective Collaboration Strategies for Engaging Vocational Training Institutions in a Substance Use and Gender Equity Program for Adolescents and Young Adults (AYA) Aged 16-24 Years: Lessons Learnt from Southern Africa

Beatrice Chiyokoma et al.
SolidarMed, Lusaka, Zambia

20 - Implementation of family-focused health interventions in real-world healthcare contexts: Lessons learned from a five-step implementation approach

Torsten Schwalbach et al.
Institute for Implementation Science in Health Care, University of Zurich Faculty of Medicine, Switzerland

21 - An Exploratory Network Analysis of Implementation Determinants and Strategies to Infection Prevention and Control Practices in Neonatal Care

Emanuela Nyantakyi et al.
Institute for Implementation Science in Health Care, University of Zurich, Switzerland

22 - Using System Support Mapping to enhance initial and ongoing implementation tailoring

Juliane Köberlein-Neu et al.
University of Wuppertal, Wuppertal, Germany

23 - Ongoing tailoring approaches and their monitoring in the implementation of research-supported interventions in healthcare settings - a systematic review

Kathrin Blum et al.
Institute for Implementation Science in Health Care, University of Zurich, Switzerland

24 - What implementation scientists need: Results from the Promote ImpSci survey

Marie-Therese Schultes et al.
University of Zurich, Zurich, Switzerland

25 - Operationalized implementation strategies for implementing medication adherence improving interventions in the Make-It program

Marcia Vervloet et al.
SIR Institute for Pharmacy Practice and Policy, Leiden, Netherlands

BIO OF SPEAKERS AND MODERATORS

Pr Sabina De Geest

Sabina De Geest is a Professor of Nursing at the University of Basel's Faculty of Medicine in Switzerland and a part-time Professor at KU Leuven in Belgium. She holds adjunct faculty positions at Johns Hopkins University, the University of Pittsburgh, and New York University. Dr. De Geest leads the PIONEER international group, which focuses on behavioral and psychosocial issues in chronic illnesses. Her research aims to develop, implement, and evaluate innovative care models utilizing eHealth, driven by implementation science methods. Additionally, she co-founded the Swiss Implementation Science Network.

Dr Sarah Serhal

Sarah Serhal is a postdoctoral researcher within the School of Pharmaceutical Sciences, University of Geneva, Switzerland. She is a pharmacist with a Master's in International Public Health and completed her PhD at the Woolcock Institute of Medical Research/University of Sydney, Australia. Her research explores ways we can address patient, medication, and healthcare related barriers to achieve optimal illness control and how these actions can be transformed into real-world impact using principles of implementation science.

Dr Bastiaan Van Grootven

Bastiaan Van Grootven is a postdoctoral researcher at the Institute for Nursing Science, University of Basel. He has obtained a degree in nursing science with a specialisation in care for older persons, a PhD in biomedical sciences at KU Leuven (Belgium), and completed postgraduate training in biomedical statistics and evaluating complex interventions in health. Bastiaan his research focusses on disability in older persons, frailty, and the development and evaluation of care programs for older persons.

Dr Lotte Verweij

Lotte Verweij is a Research Associate for Implementation Science in Nursing at the Institute for Implementation Science in Health Care at the University of Zurich and Center for Clinical Nursing Science at the University Hospital Zurich, Switzerland. Lotte is a registered nurse and clinical epidemiologist. In 2021, she completed her PhD at the University of Amsterdam focussing on transitional care processes in a frail population. Her current research focusses on the effective implementation of family support interventions in acute-critical care as well as on the effective integration of patient and public involvement in healthcare research.

Dr Sabine Valenta

Sabine Valenta is a Postdoctoral research fellow at the Institute of Nursing Science, University of Basel, and also works as a nursing scientist & advanced practice nurse (APN) at the University Hospital Basel in Switzerland. In addition, Sabine Valenta actively participates in scientific societies, including the EBMT Nurses Group Research Committee and the Swiss Association for Nursing Science, Academy Society Oncology Nursing. Her research interests span a broad spectrum of areas in healthcare, encompassing implementation science, mixed-methods research, adaptation of complex interventions, APN role development, and integration of eHealth technology in the healthcare sector. As a Co-Principal Investigator in the ongoing implementation science project SMILe (https://smile.nursing.unibas.ch), her primary focus revolves around the tasks of adapting, implementing, and evaluating an integrated, eHealth-facilitated care model.

Dr Juliane Mielke

Juliane Mielke is a Postdoctoral Research Fellow at the Institute of Nursing Science at the University of Basel, Switzerland. She has a background in nursing and worked for several years in acute care settings in Germany and Switzerland. Juliane completed her PhD in 2022 which included the development of a methodology for studying context in implementation science. Her current research interest focuses on the combination of implementation science, systems science methods and routine data in integrated care research.

Pr Suzanne Suggs

Suzanne Suggs, PhD, MS, CHES is a Full Professor of Social Marketing and Head of the BeCHANGE research group in the Institute of Communication and Public Policy at the Università della Svizzera italiana (USI) in Lugano Switzerland. She is Vice-President of the Swiss School of Public Health (SSPH+), co-speaker of the Swiss Academies of Arts and Sciences Expert Group on Science Communication, and a Visiting Reader at Imperial College London in the Institute of Global Health Innovation, Faculty of Medicine (UK). Previously, she was Assistant Professor of Health Communication at Emerson College and Adjunct Clinical Professor at Tufts University School of Medicine (USA). She has vast industry experience working in health behaviour companies and in consultancies. She is a Certified Health Education Specialist, has a Bachelor of Business Administration in Marketing (USA), a Master of Science and a PhD in Health Studies (USA), and did a post-doc fellowship in healthy ageing and patient-provider communication at McMaster University (Canada). Her research focuses on health communication, determinants of health behaviours, and strategies to modify health related behaviours; concentrating mainly on vaccination acceptance and hesitancy, eating behaviours, physical activity, and smarter medicine. She is a co-founder of the European Social Marketing Association (ESMA), served as President of ESMA until 2020, and remains a board member today.

Melvin “Skip” Olson

Skip Olson is the Founder of Olson Strategies and focuses on using his 30 years of experience in the pharmaceutical industry to develop strategies and solutions on topics related to Evidence and Implementation Science. He was recently the Global Head of Integrated Evidence Strategy and Innovation at Novartis where he was responsible for promoting the very best in research methodology and applications of Real World and other Evidence across all therapeutic areas and around the globe to drive better decision making. He comes from a background in HE&OR where he has led the use of RWE to transform the generation of patient insights and value for money assessments. He earned a ScD in Biostatistics from Harvard University.

Pr Marie Schneider

Marie P. Schneider, PhD, pharmacist, is associate professor of medication adherence, interprofessionality and health communication at the Institute of Pharmaceutical Sciences of Western Switzerland (ISPSO), University of Geneva, Switzerland. She is also the scientific Director of the living lab, pharma24, an academic community pharmacy located at the exit of the University Hospitals of Geneva, at the interface between the community and the hospital practices. Her research focuses on medication adherence in chronic diseases and on the implementation of interprofessional intervention programmes in outpatient and community care. She is a board and honorary member of the International Society for Medication Adherence (ESPACOMP), and a core and executive member of the Swiss Implementation Science Network (IMPACT).

Pr Kaspar Wyss

Kaspar Wyss is Deputy Director of the Swiss TPH and Professor at the University of Basel. Using implementation science methods, he and his team investigate effects and effectiveness of public health measures for example in the area of suicide prevention, highlighting his proficiency in evaluating complex public health interventions through mixed methods approaches. Kaspar Wyss ensures that public health measures are assessed effectively, enabling stakeholders to make informed decisions for maximum impact. His collaborations with the cantonal and national authorities, his leadership in research and implementation projects, and his commitment to education collectively demonstrate his unwavering commitment to translating of research findings into policy and practice as well as into concrete action on health/disease and social systems.

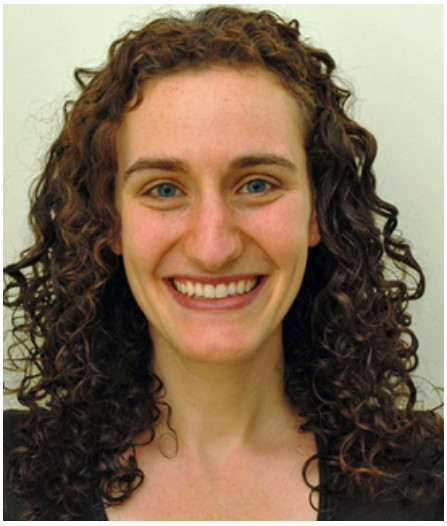
Pr Franziska Zúñiga

Franziska Zúñiga is assistant professor and head of education at the Institute of Nursing Science (INS), University of Basel. Her research focuses on health services research and implementation science in long-term care of older persons. Together with her team she addresses current challenges in the provision of quality care. She fosters the measurement with quality indicators and data-driven quality improvement at policy level and in the practice field. She implements and evaluates new models of care to strengthen geriatric expertise in residential long-term care and impact residents' quality of life and quality of care. Her commitment to foster implementation knowledge is shown in her teaching and in two academic- service – partnerships with long-term care institutions.

Pr Cédric Mabire

Cédric Mabire is Associate Professor and Vice-director for education at the Institute of Higher Education and Research in Health Care (IUFRS) at the Faculty of Biology and Medicine (FBM) at the University of Lausanne. He is also affiliated to the Direction of Care of the Centre Hospitalier Universitaire Vaudois (CHUV) as a research consultant.
A nurse by training with a PhD in Nursing from the University of Lausanne, Cédric Mabire teaches implementation science to Master's students and leads a French-language Masterclass in this field. His expertise is demonstrated through the implementation of the Senior Friendly Hospital at CHUV and various transitional care initiatives across French-speaking cantons.

Pr Shari Rogal



Shari Rogal, MD, MPH, is an Associate Professor in the Departments of Medicine and Surgery at the University of Pittsburgh, Co-Director of the IMPACT and Implementation Lab Cores at Pitt's Clinical and Translational Science Institute, and a Core Investigator and staff transplant hepatologist at the VA Pittsburgh Healthcare System. A Pittsburgh native, Dr. Rogal's research interests include liver transplant outcomes with a focus on addiction and pain in patients with chronic liver disease. She is passionate about using implementation science to address health disparities.

Pr Lauren Clack

Prof. Dr. phil. Lauren Clack is a Professor of Implementation Science in Health Care at the Medical Faculty, University of Zurich. She holds a PhD in Psychology from the University of Zurich and an MSc in Applied Ergonomics (Human Factors Engineering) from the University of Nottingham. She specializes in the application of Implementation Science methodology and human-centered design to improve the systematic integration of evidence-based practices into care – with a particular focus on infection prevention and patient safety interventions.

Pr Jeremy Grimshaw

Dr Jeremy Grimshaw received a MBChB (MD equivalent) from the University of Edinburgh, UK. He trained as a family physician prior to undertaking a PhD in health services research at the University of Aberdeen. He moved to Canada in 2002. His research focuses on the evaluation of interventions to disseminate and implement evidence-based practice. Dr. Grimshaw is a Senior Scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, a Full Professor in the Department of Medicine, University of Ottawa and held a Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake (2002-2022). He is a Fellow of the Canadian Academy of Health Sciences and a Corresponding Fellow of the Royal College of Edinburgh. He has been awarded the CIHR Knowledge Translation award twice and received the 2018 CIHR Barer-Flood career achievement award for Health Services and Policy Research. He has over 717 peer reviewed publications. During the COVID-19 pandemic, he was co-lead of COVID-END. He is the co-lead of the Global Commission on Evidence to Address Societal Challenges.

Dr Kate Molesworth

Dr Kate Molesworth is a public health adviser specialising in integrated health and social development strategies using multi-sectoral approaches. She is an experienced lead evaluator of global, regional and national health projects and programmes in both the development and humanitarian contexts, for organisations including UNAIDS, UNDP, the European Commission and SDC. She was lead evaluator of the HIV, AIDS and TB Thematic Evaluation of the World Food Programme 2003 HIV and AIDS Policy, which shaped the 2010 policy revision and was co-lead evaluator of the Rapid Review of the World Bank's COVID-19 Response. Under her mandate as technical lead to health promotion and disease prevention within the Swiss -Tanzanian Health Promotion and System Strengthening Project (2011-2022) she supported the Government of Tanzania (GoT) in reorienting the health, community development and education systems towards meaningful community participation in disease prevent and health promotion. She designed policy, guidance, job descriptions, tools and training packages to support community level duty-bearers to facilitate community decision-making and action for health. She also supported the GoT in responding to HIV and AIDS, and more recently to implement its COVID-19 Emergency Response Plan. Until 2023 Kate was Health and Social Development Adviser at the Swiss Tropical and Public Health Institute for 18 years and is now independent. She chairs the Women's Network at St. John's College, Oxford, and serves on the board of a number of institutions including the Swiss Center for Design and Health and the Calcutta Project.

Pr Antoine Flahault

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PARALLEL SESSION 1 : IMPLEMENTATION STRATEGIES

Mapping implementation strategies to reach community-dwelling older adults in Northwest Switzerland

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Abstract

Background: In Switzerland, recent legislation has created Information and Advice Centers (IACs) to address the needs of community-dwelling older adults. Previous studies have reported difficulties in reaching these individuals for community-based programs.

Aims: Our study aimed to: 1) systematically identify implementation strategies to promote the IAC among community care providers andolder adults/caregivers; 2) monitor the delivery of these strategies by IAC management; and 3) describe the impact of those strategies on reaching community-dwelling older adults.

Methods: We conducted a pre-test post-test study between March-September 2022, including 8,840 older adults aged 65+ visiting/calling/being referred to the IAC for the first time. Implementation strategies were selected using implementation mapping and organized into bundles tailored for each category of community care providers and older adults/caregivers. Our evaluation included: estimation of fidelity to the delivery of implementation strategies by IAC management, their coverage, referral source of older adults to the IAC, and the impact of the strategies on reaching the 65+ population in the care region. Descriptive statistics were calculated and reported.

Results: Seven implementation strategies were selected and organized into bundles for each category of care providers and older adults/caregivers. The lowest fidelity score was found in strategies tailored for nursing homes, while the highest was for strategies targeting older adults/caregivers. "Informational visits" had the lowest coverage (2.5% for nursing homes and 10.5% for hospitals and specialized clinics). The main referral sources were self-referrals and referrals by caregivers, followed by nursing homes. The IAC reached 5.4% of the 65+ population.

Conclusion: We demonstrated the use of implementation mapping to select strategies for reaching community-dwelling older adults. However, the reach was low, suggesting that higher fidelity in strategy delivery and reflection on the causal pathways of the implementation strategies might be needed.

Keywords: implementation strategies, implementation mapping, reach, fidelity, older adults

Development of an integrated implementation strategy to improve the use of the Organizational Health Literacy Self-Assessment Tool for Primary Care (OHL-Self-AsseT)

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Abstract

Background & Aim: The OHL-Self-AsseT is an intervention for primary care organizations to assess and strengthen organizational health literacy (OHL). Evaluation in a small scalable unit revealed high acceptance of the intervention but highlighted the need for improved implementation strategies. Therefore, we developed an integrated implementation strategy to scale-up the intervention.

Methods: The Normalization Process Theory (NPT) and the Implementation Mapping (IM) approach guided the process. After a needs-assessment (1) using the evaluation data from the initial intervention, matrices for change (2) were developed to define determinants, performance objectives and implementation outcomes for each NPT construct (e.g., Coherence). Implementation strategies were informed by ERIC taxonomy (3). Materials were produced (4), and implementation outcomes will be measured using the NoMAD Questionnaire (5).

Results: Main findings from the needs-assessment (1) were lack of leadership involvement, undefined roles for implementation support, and insufficient digitalization. To address leadership for implementation support, two specific roles were established within the matrices of change (2). As an example, "enablers" are management-representatives facilitating the intervention. To achieve the implementation outcome of coherence “enablers” find the project itself meaningful, they have reviewed the materials for the intervention (performance objective) and have a positive attitude towards the intervention (determinant). Additionally, ERIC strategy number 23, "develop a formal implementation blueprint," was identified as critical (3). Consequently, a comprehensive pathway was created in a digital format integrating implementation strategies seamlessly into the intervention (4). Currently, six teams are applying the intervention, which is followed by a systematic evaluation (5).

Discussion & Conclusion: The systematically developed integrated implementation strategy can guide further scale-up of the OHL-Self-AsseT, which is an iterative process of learning and integrating new strategies. The conceptual blending of NPT and IM is feasible and can enhance the effectiveness of implementation strategies.

Keywords: Implementation Strategies, Implementation Mapping, Normalization Process Theory, Organizational Health Literacy

Enhancing Care Transitions: Implementing and Evaluating a Patient-Oriented Discharge Summary

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Abstract

Background & Aim: Elderly patients experience information overload during hospitalization, with 40-80% forgetting or misremembering the information provided. A Patient-Oriented Discharge Summary can facilitate discharge teaching, provide essential post-discharge information and improve care transition. This ongoing study aims to implement and test its effectiveness for elderly patients discharged from an internal medicine unit.

Methods: This hybrid type 2 study used a quasi-experimental two-group pre/post-intervention design. The Patient-Oriented Discharge Summary was completed by patients and healthcare providers with key post-discharge information. Outcomes were measured using the Care Transition Measure (CTM-15) and interviews exploring post-discharge problems and unmet needs. The Exploration Preparation Implementation Sustainment model guided the implementation. Context analysis was informed by the updated Consolidated Framework for Implementation Research (CFIR), using focus groups, the CFIR Card game and the Normalisation MeAsure Development questionnaire. Results informed the implementation strategy development. Implementation outcomes included feasibility, fidelity, acceptability, and penetration. Differences in CTM-15 scores between groups were assessed using paired t-tests. Qualitative data were analyzed using deductive and inductive approaches.

Results: Results of the context analysis indicate that the implementation of the discharge summary was facilitated by its perceived value, relative advantage and implementability, alongside a recognized need for change due to dissatisfaction with the current discharge processes. Barriers included anticipated negative effects of the intervention, lack of perceived advantage for healthcare providers and constraints related to time and discharge organization. Expected findings for the intervention include significant improvement in the CTM-15 scores for the intervention group and less problems and unmet needs after discharge compared to the control group.

Discussion & Conclusion: The findings suggest that despite some barriers, such as increased workload for healthcare providers, the potential for improved patient outcomes makes this intervention valuable. This study contributes to the evidence supporting the implementation of patient-centered interventions to improve care transitions in Switzerland.

Tailored strategies to increase adoption, implementation, and continued utilization of point-of-care procalcitonin to guide antibiotic prescription in Swiss primary care practices

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Abstract

Background & Aim: Point-of-care procalcitonin (POC-PCT) is an antibiotic stewardship intervention that effectively reduces inappropriate prescriptions. Previously, we identified 61 distinct determinants relevant to the implementation of POC-PCT in Swiss primary care physician (PCP) practices. Quality circles (QCs) — collaborative groups of PCPs that meet to discuss and address various aspects of patient care — are a key facilitator for implementation. We aimed to tailor a multifaceted implementation strategy for POC-PCT within and outside of PCP QCs.

Methods: We applied a two-step methodology: First, in an ideation phase, we conducted i) stakeholder interviews about the 'optimal implementation of POC-PCT' and ii) an expert online brainstorming including concept mapping and dot voting. Often mentioned (in i) and highly prioritized (in ii) strategies were further specified, and the Implementation Science Research Logic Model was used to assess and ensure coherent rationale between determinants, strategies, hypothesized mechanisms, and outcomes. Second, stakeholders were consulted for the final selection of strategies, which were subsequently specified according to the Expert Recommendations for Implementing Change (ERIC) framework and its clusters.

Results: Overall, 16 implementation actions were developed that directly targeted PCP, nine to be used within, and an additional eight outside of QCs. They were assigned to seven (of eight) strategy clusters, most often to the cluster 'train and educate stakeholders' (e.g., teaching sessions in QC and conferences, or handing out informational fact sheets), 'developing stakeholder interrelationships' (e.g., the opportunity to discuss about POC-PCT with peers and the endorsement by professional societies), and 'use of evaluative and iterative strategies' (e.g., to provide POC-PCT for a trial period).

Discussion & Conclusion: Multiple, diverse implementation strategies were deemed necessary to introduce POC-PCT in Swiss primary care practices. Their effectiveness will be evaluated in a subsequent study.

Keywords: Implementation strategy, tailoring, antibiotic stewardship, primary care, point-of-care procalcitonin

Improving systematic recording and discussion of intraoperative adverse events: Results of a context analysis during pre-implementation

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Abstract

Background & Aim: Recording intraoperative adverse events (iAEs) and discussing postoperative management are highly important for patient safety. This should take place during the often-omitted sign-out - the third part of the World Health Organization Surgical Safety Checklist (WHO SSC). A multicentre quality improvement project (CIBOSurg) is currently conducted in Switzerland to evaluate the effectiveness and implementation of systematic recording and discussion of iAEs during the sign-out. As the prevention of iAEs is complex and requires an interprofessional approach, implementation science plays an important role to guide the required changes.

Methods: A context analysis was conducted in the pre-implementation phase of CIBOSurg to assess current practices and determinants to a future implementation of systematic recording of iAEs and perceptions surrounding a generic classification system for surgical and anaesthestiological iAEs (ClassIntra®) and its implementation. Nearly 100 interviews were conducted at nine hospitals (Switzerland, Netherlands) and in four different surgical disciplines. Interviews were analysed using rapid analysis and concept-structuring qualitative content analysis. The CFIR and ERIC guided the analysis.

Results: The context analysis showed that the sign-out is not yet consistently implemented and iAEs are not systematically recorded and discussed. Most interviewees considered the application and implementation of ClassIntra® to be feasible and was convinced that a systematic recording of iAEs and discussion during sign-out is particularly useful for learning and postoperative patient care. A wide range of barriers and supporting factors for the successful recording and discussion of iAEs was identified.

Discussion & Conclusion These results are currently informing the development of multifaceted implementation strategies to support implementation of ClassIntra® and enhanced sign-out compliance. The insights gained from this context analysis will provide a good basis for a planned roll-out in all disciplines of the participating hospitals, which will contribute to improved patient safety.

Keywords: ClassIntra®, intraoperative adverse events, context analysis, implementation strategies, implementation science.

Developing implementation strategies through Intervention Mapping: Introducing new medical quality indicators in Swiss long-term care facilities

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Abstract

Background and aims: Routine data on medical quality indicators (MQIs) underpin the continuous improvement of care quality. Since 2019, the Swiss Federal Insurance Law (LAMal, Art. 59a) mandates all long-term care facilities (LTCFs) to collect MQI data, which are published by the Federal Office of Public Health. To enhance quality monitoring and improvement, new quality themes (pressure ulcers, advance care planning, medication review) were proposed. As part of the National Implementation Programme NIP-Q-UPGRADE, this study aims to develop implementation strategies for the potential introductory implementation of the new MQIs.

Method: Intervention Mapping (IM), a participatory and ecological framework guided approach, was used for the strategy development. A stepwise protocol was followed to develop and evaluate strategies for introducing the new MQIs. Based on a contextual analysis, behaviour-change techniques were selected to address determinants of desired outcomes.

Results: Key determinants identified for successful implementation of the new MQIs were awareness, knowledge, outcome expectation, and perceived feasibility. Target groups included nurses, LTCF directors, physicians, and other stakeholders at organisational and societal levels. These findings informed the development of a logic model of change with desired outcomes, guiding the selection of theory-based behaviour-change techniques. Examples are educational materials using Advanced Organisers (presenting an overview) to strengthen understanding, Use of Imagery (e.g. diagrams) to improve knowledge retention, and Environmental Re-evaluation (encouraging realising the impact of one's behaviour) to shape outcome expectation.

Discussion and Conclusion: Mapping target groups and determinants ensured stakeholder engagement. The use of IM demonstrated potential to develop effective implementation strategies for new MQIs in LTCFs. This approach facilitated explicit actions at individual and environmental levels, promoting sustainable MQI use to enhance care quality and residents' health outcomes.

Keywords: long-term care facility, Intervention Mapping, theory- and evidence-based implementation strategy design, quality indicators.

PARALLEL SESSION 2 : PRIMARY & COMMUNITY CARE

Comparative effectiveness of de-implementation strategies to reduce low-value pharmacological prescription in cardiovascular disease primary prevention in Primary Care: The DE-imFAR study

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Abstract

Background & Aim: the DE-imFAR study aims to compare the effectiveness of several de-implementation strategies targeting clinicians' reflective and non-reflective decision-making processes to reduce potentially inappropriate prescribing (PIP) of statins in CVD primary prevention.

Methods: A cluster randomized implementation trial with an additional control group, involving family physicians (FPs) with non-zero incidence rates of PIP of statins in 2021 from 13 Integrated Healthcare Organizations (IHOs) of the Basque Health Service. All eligible FPs (n=621) were exposed to (1) a non-reflective decision assistance strategy based on reminders and decision support tools. FPs from two of the IHOs were randomized to additionally receive: (2) a decision information strategy based on knowledge dissemination (n=59), or (3) a decision information strategy plus an Audit/Feedback reflective decision structure strategy (n=59). Target population comprises 45- to 74-year-old patients with elevated cholesterol levels but no diagnosed CVD and low cardiovascular risk, who attended between May 2022 and May 2023 (n=30,672). The main outcome was the change in the incidence rate of PIP of statins 12 months after FPs' exposure to the strategies.

Results: All three strategies significantly reduced the pre-to-post incidence of PIP of statins in low risk patients ($p<0.001$). There were no statistical differences when comparing all three strategies ($p=0.07$). Reduction was higher in the decision information strategy that adds a dissemination campaign to the decision support tools (adjusted OR: 0.46; CI95%: 0.35-0.60), while the Audit/Feedback strategy did not have an additional effect ($p=0.32$). A significant reduction was observed when comparing both reflective strategies with the non-reflective strategy (adjORs: 0.51 vs. 0.63; $p=0.038$).

Discussion & Conclusion: De-implementation strategies targeting clinical decision-making are effective on reducing PIP of statins in CVD primary prevention. An organizational culture promoting and increasing awareness to reduce low-value care is associated with better results.

Keywords: De-implementation, Low-value care, cardiovascular disease prevention

De-implementation of low-value home-based nursing care: a process evaluation

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Abstract

Background & Aim: Low-value care (LVC) refers to interventions that offer little to no benefit and can even cause harm to clients. LVC is often provided in the homecare setting. The growing demand for homecare, coupled with an increasing prevalence of multi-morbidity and clients living longer at home, underscores the need to de-implement LVC. This study aims to explore homecare professionals' perceptions, experiences, and the factors influencing de-implementation strategies and de-implementation processes aimed at reducing LVC in homecare.

Method: A qualitative, explorative research design using semi-structured interviews was employed between January to July 2024. De-implementation of LVC was carried out in six homecare teams over at least 9 months, with de-implementation ambassadors guiding the de-implementation strategies and the process. Data was collected and analyzed deductively and inductively.

Results: Seventeen homecare professionals, including six de-implementation ambassadors, were interviewed. Positive influences on the de-implementation process included '*stepwise reduction of care'*, '*providing reassurance to clients and relatives'*, '*collaboration with general practitioners'*, and '*training team members in conversation skills'*. Conversely, negative influences included '*lack of collaboration with hospitals and rehabilitation centers'*, '*insufficient knowledge about care aids,*' and '*limited availability of care aids*'. Effective de-implementation strategies highlighted by participants involved *'educating various stakeholders on reducing LVC*' and '*involving clients and relatives in decision-making'*. Further results will follow as analysis is still ongoing.

Discussion & Conclusion: The findings offer valuable insights for refining de-implementation strategies, such as gradually reducing care in partnership with clients, and enhancing cross-professional and cross-organizational collaboration. Key influencing factors identified include client expectations, team members' skills, and the need for cross-professional and organizational collaboration. The role of the de-implementation ambassadors was also evaluated in the effort to reduce LVC in homecare.

Keywords: de-implementation, process-evaluation, low-value care, homecare, nursing

Contextual analysis of the Swiss primary care ecosystem for delivery of the myCare Start service using a convergent mixed methods design – The myCare Start-Implementation project.

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Abstract

Background and Aim: Based on the UK's New Medicines Service, the myCare Start - Implementation project is part of a national effort to adapt and implement an interprofessional service to optimise patient initiation adherence to newly prescribed long-term medications in Switzerland. Guided by the Basel Approach for coNtextual ANAlysis (BANANA), a contextual analysis was conducted to understand the current patient journey upon commencement of a new medication, pharmacist and physician practice patterns, competencies, and preparedness to deliver enhanced health services to prospectively overcome potential implementation barriers.

Methods: A convergent mixed-methods approach was used including individual interviews and online quantitative surveys. A deductive thematic analysis was conducted using the Context and Implementation of Complex Interventions (CICI) framework and descriptive statistics applied to the quantitative data.

Results: Between September 2023 and February 2024, individual interviews were conducted with 16 patients, 22 physicians, 11 pharmacists and 11 pharmacy technicians from both French and German speaking regions of Switzerland. In addition, 48 pharmacists and 49 pharmacy technicians further completed an online survey. There was a high level of competency and preparedness amongst pharmacists to deliver enhanced care for patients. However, variability in practice and resources were evident amongst pharmacies and medical practices. Forty-one multi-level contextual factors across all CICI context domains were identified that affect myCare-Start implementation, with interprofessional collaboration and communication (socio-cultural) most frequently being mentioned. Further, six factors related to the setting (e.g., sufficient staff, workload and time constraints in pharmacies and general practice) and 17 factors affecting intervention design (e.g., patient content preferences, number and frequency of consultations and renumeration of service) were identified.

Discussion and Conclusion: These findings will assist in the adaptation of a contextually appropriate myCare Start model including multilevel implementation strategies to support implementation in Switzerland.

Keywords: initiation adherence, intervention, interprofessional care, context analysis, implementation science, primary care, pharmaceutical care service

Implementation evaluation of a pharmacist prescribing service for the management of uncomplicated urinary tract infections

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Abstract

Background & Aim: Approximately 3 million cases of uncomplicated urinary tract infections (UTIs) are diagnosed annually in Australia. Pharmacist prescribing for UTIs has globally been seen to be positive. The objective of this study was to evaluate the implementation of a pharmacist prescribing service for uncomplicated UTIs in two states in Australia.

Methods: Following a feasibility study, a 10-month cohort study, commencing in August 2023 was undertaken. The multicomponent intervention includes pharmacists training, an IT program, a co-designed clinical management protocol and implementation support by four practice change facilitators (PCFs). The legislative requirements included a consultation room and an approved pharmacist. Patients' inclusion criteria were females aged 18-65 years presenting with UTI symptoms. Implementation process and outcomes were evaluated using the EPIS Framework including implementation determinants using CFIR and tailored strategies using Dogherty classification, fidelity and reach.

Results: In the exploration phase, the service system consisted of 2,035 pharmacies. Of these, 1,230 pharmacies (60.4%) consented to provide the service. In preparation phase, a mean of 2.6 barriers and 5.4 facilitators per pharmacy were identified by PCFs. Most common barriers were related to the inner setting (41.8%) and individuals (39.4%). Most common facilitators were related to the inner setting (48.2%). Nearly 900 (39.0%) of tailored strategies, related to leading and managing change (41.3%) and monitoring progress (36.6%), solved the barrier. In implementation phase, the service reach was 18,222 UTI consultations with 83.8% (n=1,031) pharmacies provided at least 1 consultation. From 01.06.2024, the service has become business as usual, data is not available to measure sustainment.

Discussion & Conclusion: Implementation awareness and facilitation enhanced the delivery of an UTI pharmacist prescribing service. PCF support permitted overcoming many barriers. The implementation program increased access to treatment for UTIs encouraging a policy change by the NSW government.

Keywords: Implementation Science; Primary health care; Community pharmacy services; Health policy; Non-Medical Prescribing.

Implementation in routine practice of the frailty and complexity indexes derived from the interRAI HC: evaluation of pre-implementation and implementation outcomes and strategies

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Abstract

Background & Aim: Homecare nurses are faced with frail patients and complex situations that require early detection to offer appropriate care plans. Validated frailty and complexity indexes derived from the Resident Assessment Instrument Home Care (interRAI HC) were integrated in summer 2021 into the dedicated software used by the 600 nurses of the Geneva Institution for Homecare and Assistance (IMAD). To implement these indexes in the nurses' effective practice, several strategies (e.g., information by managers, short videos, e-learning) were proposed. The aim is to describe 1) implementation outcomes at the pre-implementation stage (before strategies were set up) and 2) implementation outcomes and strategies linked to indexes use at the implementation stage.

Methods: A first survey was sent to 671 nurses at IMAD in summer 2021 to assess the use and acceptability of the indexes at the pre-implementation stage. A follow-up survey is planned to be sent to all IMAD nurses in summer 2024. It will include questions about exposure to different strategies and additional implementation outcomes (e.g., adoption, fidelity).

Results: The first survey was completed by 14% of the nurses. At this pre-implementation stage, only half of them were aware of the indexes, and less than one-quarter used them. When they used the indexes, they mostly found them easy to use, useful, and relevant, indicating satisfactory pre-implementation acceptability. The expected findings of the second survey are: 1) an increased rate of use, a high level of acceptability and fidelity, and 2) a description of strategies and an exploration of correlations between strategies and the use of the indexes.

Discussion & Conclusion: The results support the need to regularly assess implementation strategies and outcomes to adjust procedures and foster usability. They also illustrate the means and value of identifying effective strategies in context.

Keywords: implementation outcomes, homecare nurses, frailty, complexity

Assessing relevance of PRISM framework domains for implementation of cervical cancer screening in West Cameroon

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Abstract

Background & Aim: Context is crucial in understanding the success or failure of the implementation process. Among the various frameworks developed to assess the implementation context, the PRISM framework is widely used, but its operationalization has been mostly explored in high-income countries. While the WHO has called for cervical cancer elimination by 2030, there is a need for context-adapted cancer screening implementation efforts. This project aims to assess the relevance and applicability of the PRISM framework in pre-implementation context analysis for cervical cancer screening (CCS) in West Cameroon.

Methods: We conducted a mixed-method study to explore the pre-implementation context of CCS. The PRISM framework domains were assessed through both quantitative and qualitative approaches, including quantitative surveys for situational analysis of five sites, observations, 23 semi-structured interviews with patients and providers, and insights from four participatory workshops. An inductive-deductive analysis identified themes related to PRISM contextual domains.

Results: Organizational characteristics and perspectives, and patient characteristics and perspectives, provided insights into providers' and beneficiaries' expectations and needs. The external environment domain highlighted regional competition for screening and clarified community resources that would influence the implementation process. The implementation and sustainability infrastructure domains revealed that aspects such as performance data, dedicated teams, protocols, adopter support, and the facilitation of best practices were considered the researchers' responsibility.

Discussion & Conclusion: The PRISM framework domains are relevant, actionable, and applicable to assess the local context for CCS implementation in West Cameroon. Our study underscores the importance of focusing on the domain of implementation and sustainability infrastructure. Further studies should address patients' and providers' involvement in these aspects during pre-implementation and planning phases. PRISM offers valuable insights to build successful implementation strategies for CCS in LMICs, contributing to the global goal of cervical cancer elimination.

Keywords: Context analysis, PRISM framework, cancer screening, LMICs, mixed-methods

PARALLEL SESSION 3 : THINKING OUT OF THE BOX

Comparing two approaches for tailoring implementation strategies: case study of a structured type 1 diabetes education programme (DAFNE Ireland)

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Abstract

Background & Aim: Tailoring implementation strategies may be an effective method to facilitate healthcare service improvement. The tailoring process follows three key steps: identification of determinants, prioritisation of determinants, and selection of strategies to address determinants. These steps are performed prospectively and may be informed by theory, evidence, and stakeholders' perspectives. However, it is unclear whether adopting a specific participatory design method over another can produce better tailoring outcomes. This study aimed to compare two different tailoring approaches (TA) designed to support the implementation of Dose Adjustment for Normal Eating (DAFNE), a group patient education programme for adults with type 1 diabetes in Ireland.

Methods: We followed two TA. TA1: initial determinant identification by conducting a survey and three discussion groups, one for each tailoring step. TA2: three surveys to identify and rank determinants and one discussion group to select strategies. Stakeholders included 62 healthcare professionals (HCPs) involved in DAFNE delivery (dieticians, nurses, consultants, and administrators) in 16 hospitals. The analysis of outcomes was primarily inductive, led by pre-specified determinants as per the Consolidated Implementation Research Framework.

Results: TA1 generated twice as many determinants (n=73) as TA2 (n=36) and, respectively, more strategies were selected (n=45 vs. n=36) by engaging HCPs in sequential, researcher-led discussions. In TA1, 86% of the strategies related to access to knowledge and beliefs about the intervention (n=16), engaging (n=14) and available resources (n=9). Similarly, in TA2, 72% of the strategies focused on engaging (n=18) and available resources (n=8).

Discussion & Conclusion: The study offers insights into persistent determinants that can be best addressed at a system-level (e.g., use of mass media to improve recruitment). In addition, the use of a repeated participatory research method in tailoring resulted in the identification of local attitudes that were not measured by self-administered data collection tools, highlighting the importance of stakeholder participation.

Keywords: Tailoring, identification of determinants, implementation strategies, tailoring methods, evidence-based practice

Firm, yet flexible – the intricacies of contemporary fidelity research

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Abstract

Background: *Intervention* and *implementation fidelity* require applying core components of research-supported interventions and implementation strategies as intended by their developers. Without evaluating fidelity, the results of healthcare interventions and their implementation cannot be meaningfully interpreted. However, the necessity to adhere strictly to fidelity criteria must continually be balanced with the need to flexibly accommodate ever-shifting implementation conditions, creating tensions for contemporary fidelity research. We will share trial-based experiences with navigating these tensions.

Methods: We share insights from fidelity assessments developed in two ongoing effectiveness-implementation hybrid trials.

- FICUS (Family support intervention in Intensive Care UnitS) is a hybrid type 1 study involving 16 Swiss intensive care units assessing the effectiveness of a nurse-led family support intervention (FSI) on quality of care and family health outcomes, while also investigating implementation process and outcomes. This required conceptualizing *intervention fidelity*.
- REVERSE ("pREVention and management tools for rEducing antibiotic Resistance in high prevalence Settings") is a hybrid type 2 study assessing the effectiveness of infection control practices on healthcare-acquired infection rates in 24 European hospitals. Evaluating effectiveness of tailoring as an implementation strategy required conceptualizing *tailoring fidelity*.

Results : *FICUS intervention fidelity* was conceptualized based on an existing fidelity framework, helping to identify and operationalize central fidelity domains, such as delivery, receipt, and enactment, into a comprehensive assessment approach.

REVERSE *tailoring fidelity* was conceptualized based on an existing theoretical tailoring model and a fidelity framework, helping to define key tailoring principles, which were operationalized into the *REVERSE Implementation Tool*, a qualitative instrument for hospitals to document their implementation activities.

Discussion : Contemporary research places greater demands on how fidelity is examined. This includes expanding fidelity frameworks to include organizational and system levels, conceptualizing service- and study-specific intervention and implementation fidelity criteria and developing pragmatic and flexible approaches for assessing fidelity in implementation studies.

Keywords: Fidelity; hybrid study

Family-Systems Care for Small and Sick Newborns in Ghana: An Implementation Science Approach Using Participatory Action Research

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Abstract

Keywords: Care Continuum, Family, Implementation, Perinatal

Background & Aim: In low- and middle-income countries (LMICs), providing quality, holistic healthcare for small/sick newborns and their families throughout the perinatal period poses challenges. Our project in Ghana prepares implementation of a family-systems care (FSC) programme during the perinatal period to enhance family well-being and care experiences.

Method: This four-phase participatory research is guided by an implementation framework. Phase 1 involved a scoping review of FSC methodologies in LMICs. Phase 2 collected baseline data on context, FSC knowledge, skills, and attitudes among healthcare professionals (HCPs), and care perception by families. Quantitative data was analysed using descriptive statistics, logistic regression, and the framework method for qualitative data. Phase 3 involved an 8-day FSC training. Phase 4 translates the FSC programme into practice through facilitation and reflective practice, with HCPs engaging in therapeutic conversations with families. Pre- and post-indicators and interviews will assess changes in HCPs' attitudes, skills, and families' care experiences. Qualitative data analysis will employ Saldaña's coding method.

Results : In phases 2 and 3, 171 HCPs and 452 family members participated. While 48.9% of HCPs received FSC training before, 97% indicated a need for it. HCPs valued family involvement but had moderate skills and confidentiality concerns with FSC. 83.9% of HCPs felt their leaders encouraged new practices. Families perceived care support as moderate with desire for more health education. Communication gaps due to family's educational disparities impacted care delivery. Through therapeutic conversations in phase 4, communication, and families' care experiences are expected to improve.

Discussion & Conclusion : Implementing FSC seems feasible but requires advocacy for inclusion in Ghana's healthcare system. This research contributes to the limited studies on FSC in LMICs, empowering HCPs to deliver quality care to families with small/sick newborns during the perinatal period and promoting family trust in health delivery.

A contextual analysis of a swiss model of transition from pediatric to adult rheumatology as part of the heroes (rheumatology transition for young people in switzerland) study

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Abstract

Background: The transition from pediatric to adult healthcare represents a challenging and complex process in the lives of adolescents and young adults (AYAs) suffering of a chronic illness. A structured, individualized transition plan is needed to ensure successful transition. However, there are major differences in transitional care (TC) practices between Swiss rheumatology centers.

Aim: To conduct a contextual analysis (CA) to understand factors influencing the implementation of TC on the level of AYAs, their parents, healthcare professionals, management, and stakeholders at one pediatric/adult rheumatology center.

Methods: The multi-level CA is conducted based on the Consolidated Framework for Implementation Research (CFIR) framework, following the steps described by the Basel Approach for Contextual Analysis (BANANA). Rapid ethnographic methods, including observation and semi-structured interviews, are used for data collection. Data analysis follows Braun and Clarke's six phased thematic analysis.

Results: Transition is planned in close cooperation between the patient and the TC team. The transition nurse plays a central role as stable anchor for AYAs throughout their transition process. Her tasks include organization and coordination of consultations in both the pediatric and the adult setting. Most importantly, she functions as advisor for AYAs, is easily accessible to them while being in close contact with professionals in other disciplines. Financial barriers, knowledge gaps, and unobtainable/inaccessible human resources present major challenges to a successful transition.

Discussion & Conclusion: The CA offers a better understanding of the setting where the HEROES intervention will be implemented. A good relationship with AYAs, good interdisciplinary communication within a trained TC team, as well as a designated transition coordinator are key components for a successful TC. Further research will show if these results are consistent across Swiss rheumatology centers and how improved TC can be implemented.

Key words: Transition, Rheumatology, Implementation Science, Pediatric

Adapting concepts and methods from other fields to strengthen implementation

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Abstract

Background & Aim: Implementation science adapts concepts and methods from other disciplines to better understand contexts, make decisions, and examine phenomena. Although adapted concepts/methods are increasing, there is limited effort to explicitly delineate impetuses and considerations for adapting concepts/methods, which hinders clarifying aspects of the originating disciplines' concepts/methods that are tried, abandoned, or modified for implementation science. This work aimed to devise a structured roadmap for adapting concepts/methods from other disciplines, so that implementation studies can optimally build on other studies' prior cross-disciplinary adaptation successes and shortcomings.

Methods: Engaging a university-based colloquium of implementation scholars and practitioners, a five-phase roadmap ("adaptation journey") was created for adapting concepts/methods from other disciplines. Matrixed Multiple Case Study (MMCS) for multi-site implementation evaluation was used as an adapted-method example to demonstrate each roadmap phase's application.

Results: Phase 1 (Identifying a need) noted the importance of traceably documenting cross-site heterogeneities for systematic comparison. Phase 2 (Selecting concepts and methods) drew on case study research's investigation of contemporary events, process analysis' notions of standardization versus variation, and visualization's focus on data curation and presentation. Phase 3 (Synthesizing, adapting, and integrating) combined these concepts/methods into MMCS steps that utilize a sortable matrix to triangulate data, conduct pattern-matching, and address rival explanations. Phase 4 (Pilot testing and refining) learned from MMCS-applied studies to develop sharable tools for MMCS' analytical steps. Phase 5 (Collaborating and obtaining feedback) occurred throughout Phases 1-4, incorporating input from MMCS' co-developers and external implementation experts.

Discussion & Conclusion: The roadmap serves as a framework for methodically documenting the journey of concepts/methods that get adapted from other disciplines. Future work is warranted to further assess the utility of this roadmap in enhancing the clarity and efficiency with which future cross-disciplinary adaptations are approached.

Keywords: interdisciplinary collaboration, methods adaptation, implementation evaluation

Operationalization of public health policies – a breastfeeding case study

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Abstract

Background: Substantial work has been done over the last decades to better understand how to improve public health. Much of the focus has been on developing the knowledge base, interventions and policy – the "what" and "why" – with great success. However, "how to" then do it, is far less understood.

Post policy, activities are generally not planned in a structured manner. They are often uncoordinated, highly fragmented, wrongly sequenced in time and executed by multiple parties, sometimes with conflicting agendas. The result is poor effectiveness, scalability, sustainability, and capital efficiency.

Furthermore, actors have few if any tools to systematically translate policy. This lack of systematic planning has been identified and defined as the operationalization gap, which the author believes is a substantial impediment to achieving effective, sustainable impact in public health and making progress towards reaching the UN SDGs.

Methods: Development of an innovative operationalization method, a systematic and evidence-based approach turning a nation's breastfeeding goals from aspirational political statements into a comprehensive, multi-year concrete plan. The method has been successfully tested in Ghana. Furthermore, the author believes that the overall method can be easily transferred to other fields in public health and nutrition.

Results: Outline how a detailed understanding of key challenges of clearly defined demographic groups can be translated into a change strategy and a fully costed five-year plan to affect the change nationwide at a quantifiable level of reach.

Discussion: The presentation will describe the method which helps to identify key breastfeeding barriers and drivers in Ghana by socio-economic group, systems involved, suitable interventions and flanking activities, timing of interventions, the funding required and outline the completed plan and funding strategy and how such a plan can make a substantial contribution towards sustainable improvements in breastfeeding rates in Ghana.

Keywords: Public health, breastfeeding, post policy planning

Evaluation of an eHealth-facilitated, integrated care model for stem cell transplanted patients: Preliminary results of the SMILe project's hybrid effectiveness-implementation RCT in Switzerland

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Abstract

Introduction. Despite advancements in survival after allogeneic stem cell transplantation (alloSCT), mortality and re-hospitalization remain high. Effectiveness outcomes of eHealth-facilitated, integrated care-models (eICMs) in transplant and oncological populations are promising, but their implementation remain challenging. An evidence-based eICM for **s**te**m** cell transplantat**i**on faci**l**itated by **e**Health (SMILe) has been developed for the University Hospital Freiburg (FiB) and contextually adapted to the Swiss setting.

Intervention: SMILe-ICM contains 4 modules (symptom monitoring, infection prevention, medication adherence, physical activity) delivered by eHealth (SMILeApp) and advanced practice nurses monitoring incoming data and providing 12 face-to-face-sessions until one-year post-alloSCT.

Aim: We report preliminary findings on recruitment, implementation and effectiveness outcomes (re-hospitalization rate: primary outcome) of the Swiss SMILe study.

Methods. Using a hybrid-effectiveness-implementation RCT, we included a consecutive sample of 80 adult patients from University Hospital Basel. Eligible patients were stratified randomly (1:1) into usual care (UCG: n=40) and SMILe-intervention (IG: n=40) group. Implementation was evaluated through reach, acceptability (AIM), feasibility (FIM) and appropriateness (IAM) using 5-point-Likert-scale and via qualitative methods. Re-hospitalization rate was derived from the FIMA questionnaire and patients` record.

Preliminary results. Recruitment was completed 9 months ahead of time. Reach was 81%. While patients reported high acceptability, feasibility and appropriateness (AIM/FIM/IAM: mean=4.8 (±0.38)), high satisfaction and enhanced security, clinicians stated potential for improvements in the interdisciplinary approach. IG had longer time until 1st re-hospitalization (IG: mean=132 days (±116); vs. UCG: mean=104 days (±121)) and shorter total re-hospitalization-length (IG: mean=6.44 days (±12.9) vs. UCG: mean=8.35 (±15.1)).

Conclusion. Recruitment rate was superior compared to rate from investigator-initiated-trials. We observe a signal in our data for favorable implementation and effectiveness outcomes in IG over UCG, yet found a less strong signal than our findings in FiB (results not shown). A process evaluation is planned for in-depth evaluation of implementation understanding interaction between context, implementation and intervention.

ABSTRACTS OF THE POSTER WALKS

POSTER WALK 1 : PRIMARY CARE

1 - Understanding capacity to treat first episode psychosis with a hybrid tele-mental health services model: a needs assessment of Ohio Community Mental Health Centers to support the dissemination of evidence-based behavioral health services

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Abstract

Background and Aims*:* First episode psychosis (FEP) is a condition requiring early intervention to reduce ongoing negative impacts on patients. Coordinated specialty care (CSC), a comprehensive and adaptable team-based approach to recovery, is considered the gold-standard treatment for FEP. To expand access to CSC treatment for FEP, The Ohio Department of Mental Health and Addiction Services is piloting a new delivery approach using existing community mental health centers (CMHCs). To ensure that program development aligns with CMHC resource availability and workflows, we conducted a needs assessment of Ohio CMHCs. The aims of this study were to 1) assess the existing capabilities of CMHCs to treat individuals with FEP 2) identify barriers to implementing tele-mental CSC teams for FEP within CMHCs

Methods*:* We utilized a concurrent mixed method approach that combined descriptive analysis of cross-sectional survey data with thematic coding of responses to open-ended questions.

Results: Administrators from 56 CMHCs completed our virtual survey, representing approximately 30% of eligible CMHCs in Ohio. While most agencies were currently providing some aspects of CSC, almost all identified gaps, particularly smaller CMHCs. For example, more than a third of CMHCs indicated that there were always or often gaps in service availability for individuals with FEP. Agencies largely believed that tele-mental health service expansion would benefit their patients. Thematic analysis of open-ended questions identified three success factors for expanded tele-mental healthcare: adapting patient care to virtual assessment, ensuring patient access, and adjusting workflows for virtual care delivery.

Discussion and Conclusion*:* When collaborating with community organizations, policymakers must consider existing local capacity as part of the program development process. Engaging with this step will allow for both the development of a better-tailored program and the identification of important barriers or facilitators to the implementation of new care delivery models.

Keywords*: Telemental health, Coordinated specialty care, barriers and facilitators*

2 - Implementation determinants for point-of-care procalcitonin guided antibiotic prescription in Swiss primary care

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Abstract

Background: Point-of-care procalcitonin (POC-PCT) is an antibiotic stewardship intervention effectively reducing inappropriate prescriptions of antibiotics, e.g., in lower respiratory tract infections. Implementation determinants are factors that influence intervention implementation. For ImpPro, a project striving to implement POC-PCT via quality circles, we aimed to identify key implementation determinants of POC-PCT in Swiss primary care.

Methods: A three-step methodology was applied to identify and prioritize determinants. First, semi-structured interviews with multidisciplinary stakeholders (n=34) (e.g., clinicians, representants of professional societies and patient representatives) were conducted and coded deductively using the updated consolidated framework for implementation research (CFIR). Single determinants were then identified and grouped through inductive thematic analysis. Second, an online survey among experts (n=10) assessed the *importance* and *changeability* of each determinant. Third, during an expert focus group (n=11), determinants were excluded if considered unchangeable or irrelevant to implementation. Then, key determinant groups were prioritized by dot-voting.

Results: In total, 87 determinants were identified. Ten determinants were considered unchangeable within the project's timeframe, and 16 irrelevant. The remaining 61 determinants belonged to the following groups: 1) general practitioners' knowledge and awareness about, and 2) motivation to implement POC-PCT, 3) quality circles' motivation to endorse POC-PCT, 4) professional societies' awareness about, 5) motivation to endorse, and 6) actual endorsement (e.g., guidelines) of POC-PCT, and 7) the (perceived) scientific evidence behind POC-PCT.

Conclusion: Key determinants belonged to the individual (micro) level or the outer (macro) setting. Strategies for POC-PCT implementation will be tailored accordingly.

Keywords: Implementation determinants, antimicrobial stewardship, primary care

3 - Implementing a Disease Management Program in Swiss Primary Care to Improve Diabetes Care: Results and Experiences from a Long-Term Follow-Up Study

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Abstract

Background & Aim : This study assesses the long-term impact of a Disease Management Program (DMP) on the quality and costs of diabetes care with a five-year follow-up. Implemented across 16 group practices from 2018 to 2022, the DMP included a guideline-based, individualized treatment plan for diabetes patients, continuous process evaluation, interprofessional collaboration, quality circles, and scientific support. Our aim is to evaluate the efficacy and effectiveness of the DMP and provide evidence on its implementation, with timely feedback enabling healthcare providers to address areas for improvement.

Methods : We used a staggered difference-in-difference (DiD) design to analyze claims data from adults with type 1 and type 2 diabetes. Participants included 3,302 individuals in DMP practices and 20,104 in usual care. Primary outcomes were guideline adherence, hospitalization rate, and healthcare costs. The staggered DiD approach assessed the DMP's impact across different practices and periods while controlling for patient- and year-fixed effects.

Results : DMP patients showed a 6 percentage-point improvement in guideline adherence [95%-CI: 4 to 9 percentage-points] compared to controls, maintained over five years. Hospitalization rates were similar in both groups. Healthcare costs increased more slowly in the DMP group, with significant differences in the fourth [95%-CI: CHF -2,056 to -566] and fifth [95%-CI: CHF -2,983 to -1,435] years post-implementation, indicating potential long-term cost savings.

Discussion & Conclusion : The DMP had a sustained positive impact on guideline-adherence and healthcare costs. The staggered DiD design provides robust evidence across various settings and periods. Strengths include a large sample size and real-world data; limitations include its observational nature. Our findings underscore the importance of DMPs in chronic disease management, highlighting the benefits of collaboration with healthcare providers. We address challenges in implementing and evaluating quality improvement processes, such as data quality, resource limitations, and insufficient digitalization.

Keywords : Disease management, diabetes, ambulatory care, quality of care, cost-effectiveness

4 - Implementing social obstetrics in the Netherlands: pathways and strategies from research to national health program(s)

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Abstract

Background & Aim: Social obstetrics integrates medical and social domains to provide children a healthy start and reduce health disparities by addressing both medical and social risk factors, such as lifestyle, financial stability, and social environment. Successful implementation requires collaborations between medical, social and public domains. In the Netherlands, the programs "Solid Start" and "Mothers of Rotterdam" have operationalized social obstetrics. This study examines the pathways from research into these two programs at national and local level, focusing on the actions of key-actors, defined as 'policy entrepreneurs', who influenced these pathways.

Methods: We conducted 23 semi-structured interviews with key-actors using purposive sampling. Participants included researchers, professional representatives, non-profit organizations, local and national governmental policymakers, and administrators. Data-analysis will identify pathways and the strategies employed by the policy entrepreneurs to influence the development, adoption, and scaling of the programs.

Results: The expected results show several pathways through which research in social obstetrics was implemented into programs and policies, grouped into three categories: cocreation, reacting to societal change and driving societal change. The pathways overlap and are led by key-actors from different domains. Strategies used by the policy entrepreneurs in these pathways include problem framing, solution seeking, venue shopping, process planning, media coverage, team leadership, stimulating beneficiaries, forming partnerships, involving civil society, and gathering evidence to demonstrate policy feasibility. These strategies were applied throughout the entire process, showing the iterative nature of the implementation.

Discussion & Conclusion: The expected results suggest that implementing innovative research in health and social care is non-linear, follows multiple pathways and strategies simultaneously over time, and needs proactive key-actors from different domains. These results imply that a motivated group must collaborate, employing top-down and bottom-up approaches to implement effective programs and policies that affect health and social domains.

Keywords: social obstetrics, policy entrepreneurs, impact pathways, qualitative research

5 - Transition in care: A contextual analysis of outpatient care practices after hospital discharge

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Abstract

Background & Aim: Despite research on the transition from hospital to outpatient care, pharmaceutical care interventions are not yet integrated into standard practice. Our main aim was to explore the different perspectives and needs of healthcare professionals (HCPs) and patients regarding the transition of care after hospital discharge. Our previous research on patients' perspectives highlights that hospital discharge is a critical period, with multiple HCPs involved often uncoordinated, with care relying on patient involvement and responsibility. This abstract aims to understand interprofessional collaboration and community pharmacists' practices at hospital discharge.

Methods: We conducted a contextual analysis guided by the Basel Approach (BANANA), involving qualitative studies.

The first study used serial focus groups with HCPs and patients to explore current collaborative practices in medication management at hospital discharge. Findings were analysed thematically and classified according to the Canadian Interprofessional competency framework.

A second study used pharmacist-patient simulation and retrospective think-aloud to better understand community pharmacists' practices and clinical reasoning at discharge. A thematic analysis was undertaken inductively and deductively based on a clinical reasoning and a communication frameworks.

Results: Four focus groups (12 participants) and 14 simulated encounters were undertaken. In current interprofessional collaboration, participants emphasized the significance of patient-centered care and communication. However, collaboration was primarily reactive, attributed to the lack of role clarity and collaborative leadership. Interventions such as direct transmission channels and standardized discharge processes could improve collaboration. During patient-pharmacist simulations, most pharmacists provided the correct medications, with varying degrees of patient-centered care and clinical reasoning.

Discussion & Conclusion: Despite the motivation of HCPs to improve their practices, there is a lack of role clarification and structure in terms of professional and interprofessional practices. A more standardized, coordinated patient-centred approach and policies for interprofessional collaboration at hospital discharge are needed.

Keywords: Hospital discharge, continuity of care, interprofessional collaboration, community pharmacists

6 - Identifying Key Determinants for Implementing a New Model of Care Integrating Advanced Practice Nursing in Public Home Care Services in Geneva, Switzerland: A Study Protocol for Contextual Analysis

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Abstract

Background and Aim: The increasing proportion of people aged 65 and older, coupled with a higher prevalence of Non-Communicable Diseases (NCDs), necessitates adaptations in homecare organizations. The Geneva Institution for Homecare and Assistance (IMAD), major public homecare organization in the canton of Geneva, accounted for 18'342 patients in 2022 (> 80% of people aged more than 65 years old). Our study aims to identify key determinants for implementing a new model of care integrating Advanced Practice Nursing (APN) in this specific context through an in-depth contextual analysis of homecare services in the canton of Geneva, Switzerland.

Methods: We will conduct a descriptive multi-method implementation study at IMAD, Geneva. Patients > 65 years from 3 homecare units will be included in a retrospective data analysis retrieved from electronic health records and human resources files (Medlink and InterRAI home care) aiming to describe the current model of care. Patient perspectives on the need for a new model of care will be assessed through focus groups with patients (n=10) currently cared for in these units. Barriers and facilitators for implementation will be evaluated using five semi-structured interviews with institutional managers, based on an adapted and translated version of the Consolidated Framework for Implementation Research (CFIR) card game, and focus groups with IMAD collaborators (N=2 groups, n=10 participants). Results of research will be integrated into the development of a new Model of Care constructed in close partnership between IMAD and IUFRS.

Results: The project will provide a comprehensive description of the current model of care, the expected benefits and implementation strategies for integrating Advanced Practice Nursing into home care services in the canton of Geneva.

Discussion and Conclusion: The study will allow a comprehensive contextual analysis that is considered as a critical element in implementation projects, but often neglected.

Keywords: Implementation; Advanced Practice Nursing; homecare services

7 - High Quality Care Provided at Primary Eye Care Model in Singapore: A Mixed Methods Study

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Abstract

Background & Aim: Singapore's primary eye care (PEC) model shifts non-complex cases from hospitals to primary care by upskilling optometrists. This study aimed to evaluate PEC's quality of care and stakeholders' perceptions of its quality.

Methods: A mixed-method sequential explanatory design, guided by the Practical, Robust Implementation and Sustainability Model framework, was adopted. Quantitative evaluation of care quality involved: 1) concordance of overall management plan(the number of medical records with the same management plan assessed by ophthalmologists divided by the total number of records), and 2) Cohen's kappa of management plan components (follow-up location, follow-up duration). Medical records between 2018 to 2022 were retrospectively extracted. Ophthalmologists assessed each case using information recorded by optometrists and ophthalmic scans. Qualitative examination on stakeholders' perception on PEC's quality of care involved conducting focus group discussions (FGDs) with five ophthalmologists and nine general practitioners (GPs). This study was approved by the research ethics committee. Quantitative and qualitative findings were integrated to understand the alignment between healthcare professionals' perceptions and quantitative results and the factors influencing this alignment.

Results: Among the 23,990 cases, there was high concordance for management plans (95.6%) and strong agreement for plan components (Cohen's kappa:0.83-0.88). Ophthalmologists perceived PEC's quality of care to be high, leading to high trust in optometrists and a willingness to refer patients. GPs had low awareness of PEC's quality of care, influencing their motivation to refer patients. Main themes affecting care perception included 1) existing inter-professional relationships, 2) awareness of and trust in optometrists' training and PEC's services, and 3) opportunities for inter-professional interaction.

Discussion & Conclusion: While PEC provides high quality eye care, perceptions and awareness varied with healthcare professionals, influencing referral motivation. Continuous engagements with healthcare partners is crucial to enhance stakeholder acceptance and referral rates to PEC.

Keywords: Primary eye care, quality of care

POSTER WALK 2 : PHARMACY

8 - Implementation of a Digital Tool for Pharmacy Counselling in Emergency Contraception

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Abstract

Background & Aim: In Switzerland, counselling is mandatory when dispensing emergency contraception (EC) in pharmacies, although its benefits are unproven. We have developed pharMe, an innovative digital tool to improve the quality of evidence-based counselling on EC. We aimed to evaluate the need for EC counselling and assesses the benefits, user satisfaction and initial results of the implementation of the digital tool in Swiss pilot pharmacies.

Methods: We conducted two quantitative cross-sectional studies using anonymous online surveys distributed in 12 pharmacies. The surveys targeted customers who received counselling supported by pharMe and pharmacists who use the tool. Survey responses and data from the consultations over 23 weeks were analysed descriptively.

Results: We analysed survey responses from 39 customers and 20 pharmacists along with data from 266 documented consultations. While 25.7% of customers felt that counselling was unnecessary, most customers were initially unsure about which EC option was best for them (71.2%). Most consumers did not find the digital tool disruptive (97.4%) and had no problems using their smartphone for the assessment (89.7%). 90.0% of pharmacists would recommend it to their colleagues and only one customer (2.9%) would rather not use it again. The median consultation time with pharMe was 6.0 minutes.

Discussion & Conclusion: This study emphasises the importance of individual assessment and professional counselling in the selection of appropriate EC, despite the varying needs of customers in terms of advice. The median contact time with the pharmacist was significantly shorter compared to previously reported time without customer's self-assessment. The use of pharMe in Swiss pilot pharmacies enabled discreet, efficient and standardised advice and underlines the tool's potential to improve evidence-based counselling. Future steps include expanding the tool to other health indications and implementation in community pharmacies.

Keywords: Pharmacy Service, Pharmacy Counselling, Emergency Contraception, Digital Tool

9 - PHARM-BST: Simulation tool of implementation costs and profitability for implementers and researchers in community pharmacy context

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Abstract

Background & Aim Implementation costs, remuneration and expected profitability from the community pharmacist's perspective are key determinants for the selection and implementation of sustainable professional pharmacy services (PPSs). However, implementation costs are often incorrectly estimated. The aim is to present an easy to use generic tool (Pharm-BST) to map implementation costs and project short-term economic indicators for the implementation any PPS in community pharmacy.

Methods A literature review was carried out to establish the primary structure of Pharm-BST during a Master thesis using a three-step process: i) selection of the parameters according to the implementation phases (following the FISpH, Framework for the Implementation of Services in Pharmacy) and via a micro-costing approach; ii) user-friendly tool structuration; iii) tool validation (underway).

Results Pharm-BST includes 5 items : (1) specific parameters of community pharmacies (e.g., annual gross staff salaries, number of opening hours per week); (2) Implementation costs, i.e. all money-valued required resources to implement, deliver and sustain the service: (2.1 - fixed) regardless of volume and variable costs (e.g., training and equipment costs); (2.2 - variable) increasing in direct proportion to increases in volume (e.g., staff duration to deliver the service, space opportunity cost); (4) Expected revenues from different possible sources (e.g., from health coverage, out-of-pocket); (5) Estimated economic indicators (e.g., break-even point; return on investment) according to fixed parameters. A user guide was developed to optimize the use and understanding of the tool. It integrates reference values for main parameters to help users (e.g., mean annual cantonal gross staff salary).

Discussion & Conclusion Pharm-BST was developed to support practitioners in the implementation of PPSs regardless of the pharmacy type (independent/group/chain), as an academic tool for educational purposes and for the collection of research data. The next steps, after its validation, will be to find the right format to make it accessible and promote its use.

10 - Implementation and cost-effectiveness of assisted teleconsultation in community pharmacies in Geneva, Switzerland – Study protocol

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Abstract

Background & Aim: To decrease the attendance at overcrowded emergency departments (ED), a pilot in a community pharmacy assessed in 2021 the feasibility of offering pharmacist-assisted medical teleconsultation (ATC) to patients with semi-urgent medical problems. The results showed that without this service, 34 (87%) patients would have consulted a doctor for their problem, including 24 (62%) via emergency care. We aim to present the study protocol to implement and test the ATC on a larger scale.

Methods: The ATC service, supported by the Canton of Geneva, has been launched in six pharmacies covering a geographically representative area. The study follows a hybrid type II design to assess the impact of the intervention on the healthcare system and its implementation. The implementation and contextual analysis are based on the Basel Approach for contextual ANAlysis (BANANA) and on the Context and Implementation of Complex Interventions (CICI) framework.

Results: The stakeholders (n=14) were mapped, pointing at a multilevel stakeholder engagement including patients, healthcare providers and policymakers, and showing that 8 stakeholders have to be actively engaged, 4 need to be informed and 2 to be satisfied. The protocol is organized into 2 different work packages (WP), a contextual analysis (WP A) and a cost-effectiveness evaluation (WP B), including an implementation costs analysis. As a key implementation strategy, the interprofessional collaboration between general physicians and community pharmacists has been established. Once the contextually based implementation strategies and clinical practice guidelines are finalized, the ATC will be scaled up and tested in 15 pharmacies.

Discussion & Conclusion: Implementation science will support the uptake of a new interprofessional service in a primary care context and will help to understand the multi-level factors that need to be addressed through implementation strategies.

Keywords: Implementation, telemedicine, assisted teleconsultation, primary care, interprofessionality, cost evaluation

11 - Evaluating the implementation of medication adherence interventions by pharmacy-driven living labs in the Netherlands

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Abstract

Background & Aim: Four pharmacy-driven living labs implemented consultation-based medication adherence interventions in daily practice, guided and monitored by the Medication Adherence Knowledge and Expertise and Implementation Taskforce (Make-It). This study aims to evaluate the implementation outcomes and barriers and facilitators for implementation of these interventions.

Methods: Both qualitative and quantitative data were collected. Semi-structured interviews with six project leaders from four living labs were held. Documentation generated by the living lab and Make-It consortium (e.g. project reports, meeting minutes, logbooks) was screened and relevant data were extracted. The Reach Effectiveness Adoption Implementation Maintenance (RE-AIM) framework was used to guide the data collection (interview topic guide), extraction and analyses.

Results: Three living labs reached the anticipated number of patients. Reach in the fourth living lab was hindered by suboptimal communication with patients about the goal of the intervention. All anticipated pharmacy staff members adopted the interventions. A champion (highly motivated project leader) accelerated the adoption, together with appropriate training for staff. Both pharmacy staff and patients saw the added value and appreciated the interventions, strengthening their contact. Fidelity was high in all living labs, whilst allowing adaptations to better align the intervention to their setting. Implementation was facilitated by interventions being compatible to daily practice, good leadership, intrinsic motivation of staff, and by starting small and using feedback loops to optimize the intervention before scaling up. In most living labs, the interventions were not sustained due to lack of pharmacy staff capacity and financing.

Discussion & Conclusion: This evaluation showed that implementation of medication adherence interventions in daily practice is feasible and mostly depends on context-related factors. For successful implementation an investment is needed to create support and (intrinsically) motivate healthcare professionals. For sustainability, adequate resources and continued attention for the intervention is required.

12 - Stakeholder co-development of an interprofessional service targeting initiation adherence - the myCare Start - Implementation project

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Abstract

Background and Aim: Based on the UK's New Medicine Service (NMS), myCare Start is a pharmaceutical care service to improve patient initiation adherence to a newly prescribed long-term medication. To ensure the services applicability to the Swiss setting, the myCare Start - Implementation project (myCare Start-I) has developed and engaged a stakeholder group to co-develop the intervention and select contextually appropriate implementation strategies.

Methods: The stakeholder team was developed based on Barkhordarian et al. (2015) recommendations, comprising a systematic identification of relevant stakeholders, mapping their potential contribution, capacity and interest. Guided by contextual analysis findings, factors affecting intervention design and implementation of the myCare Start service were identified. Open-ended questionnaires were created based on these factors to gather further input from stakeholders to optimize the intervention and co-develop strategies to facilitate the delivery of myCare Start. An exploratory qualitative approach will be used, involving repeated semi-structured co-creation focus groups with stakeholders to continuously refine and enhance the intervention through iterative feedback and development cycles.

Results: The myCare Start-I Stakeholder group is comprised of 36 members from 23 organizations including policy-level government representatives, health-insurers, representatives from pharmaceutical technology organisations, pharmacists, physicians, patients and nurses. Co-development of the myCare Start intervention and implementation strategies is ongoing, with the anticipated output being a contextually appropriate interprofessional service model to support patient initiation of new long-term medications.

Discussion and Conclusion: Stakeholder-driven co-creational implementation process will ensure the development of a revised myCare Start service tailored to the needs of the end-users. This collaborative approach is expected to improve healthcare provider engagement, to better monitor and improve patient initiation adherence to new medications and improve patient experience and outcomes.

Keywords: initiation medication adherence, interprofessional care, stakeholder engagement, implementation science, primary care, co-creation, intervention design.

13 - Launching a Study with an App-Based Adherence Service in Community Pharmacies - Challenges in Patient Recruitment

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Abstract

Background & Aim:Insufficient patient recruitment is the primary factor leading to extended study durations and premature study discontinuations. Recruitment success can serve as an indicator of the acceptance of an intervention and its feasibility for implementation. Understanding the challenges in patient recruitment and the patients' needs is essential to enhance trial and implementation success.

We aimed to investigate the challenges in recruiting patients for a study testing an app-based adherence service in community pharmacies.

Methods: Recruiters were 59 pharmacy students at the University of Basel during their internship in community pharmacies. They received a detailed oral description of the study and written patient information, documents for data collection, and conversation guides. Inviting a patient to participate should take less than 1 minute and was left at the discretion of the students. Between January and April 2024, students were asked to recruit at least one patient for an app-based adherence service. Patients declining participation were inquired about their reasons. Data were categorized, frequencies were calculated.

Results: 42 (71%) students obtained refusals and 110 reasons for declining participation. The most frequent were on the patient-level: No time at all or for a 10-minute enrollment procedure including app installation (25%), no interest or no need (15%), language barriers (12%), unacceptable daily time burden (12%); and on the system-level: limited technical proficiency (10%), and no smartphone (9%). Three patients indicated that financial incentives or rewards would have encouraged their participation.

Discussion & Conclusion: Patient-level reasons for declining study participation were mentioned by >50% of the cases and were mainly lack of time when visiting the pharmacy. Prompting patients to schedule more time at the next visit, or shortening the procedure to few minutes might represent an effective manner to enhance recruitment systematically.

Keywords: Challenges, Recruitment, Community Pharmacy, Primary Care

POSTER WALK 3 : ACUTE CARE

14 - IMPROVE AKI: A Cluster-Randomized Trial of Team-Based Coaching Interventions to IMPROVE Acute Kidney Injury

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Abstract

Background & Aim: Between 4%-14% of patients undergoing cardiac catheterization will experience contrast-associated acute kidney injury (AKI). While guidelines for preventing AKI are known, they are inconsistently adopted in routine clinical practice. We conducted a national hybrid type I effectiveness-implementation randomized trial to improve the adoption of evidence-based interventions to prevent AKI in the United States (IMPROVE AKI).

Methods: A 2x2 factorial cluster-randomized trial was conducted among 20 Veteran Affairs hospitals randomized to team-based coaching in a Virtual Learning Collaborative (Collaborative) or Technical Assistance with an AKI Prevention Toolkit (Assistance), both with and without Automated Surveillance Reporting (Surveillance). The implementation and sustainability phases were each 18-months. Multilevel logistic regression models for 7-day AKI were fit with site-level random effects. Surveys and focused interviews were collected to understand barriers and facilitators to sustain the AKI interventions.

Results: The implementation phase had 4,517 patients, 510 with AKI, and the sustainability phase had 4,160 patients, 440 with AKI. Substantial reduction in AKI occurred within the Collaborative+Surveillance compared to Assistance (aOR_{imp}= 0.54; 0.40-0.74 and aOR_{sus}=0.60; 0.42-0.86), demonstrating a statistically significant 46% reduction in the odds of AKI during implementation and a sustained 40% reduction in the odds of AKI during sustainability. Among 14 responders, sites implemented standardized orders (11), oral and/or IV hydration standing orders (13), and contrast limiting protocols (10).

Discussion & Conclusion: Team-based coaching, along with a surveillance dashboard, can sustainably reduce AKI by 40-46% even after active implementation is complete. Process improvement education, care process standardization, and automated outcome feedback may be effective methods for sustaining the AKI toolkit in clinical practice. Together, these results suggest a time-limited, intensive intervention that is well supported by cardiac catheterization staff and health system leadership could result in sustained improvements in AKI following cardiac catheterization.

Keywords: Acute Kidney Injury, D&I, Sustainabiltiy Evaluation

15 - Implementing infection prevention and control in European acute care hospitals: A configurational comparative analysis in REVERSE

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Abstract

Background & Aim: REVERSE (pREVention and management tools for rEducing antibiotic Resistance in high prevalence Settings) is an ongoing, cluster-randomized, hybrid type 2 study. To reduce healthcare-acquired infection rates, 24 European hospitals implement Infection Prevention and Control (IPC) practices. Using the novel configurational comparative method of Coincidence Analysis (CNA), we aim to find necessary and sufficient conditions for REVERSE IPC implementation and distinguish REVERSE hospitals by IPC implementation quality.

Methods: Our methods comprise three elements. We conducted (i) a systematic review, (ii) a nominal group technique exercise with REVERSE stakeholders, and (iii) project workshops to identify factors representing potential necessary and sufficient conditions for REVERSE IPC implementation. We are currently measuring these factors quantitatively and qualitatively. *Readiness for change*, *implementation leadership*, and *sustainability* are assessed with quantitative questionnaires, whereas *implementation strategies used*, *teamwork*, and *change complexity* are measured qualitatively. Data will be analyzed using the *cna* package in RStudio and results interpreted based on contextual knowledge – with the aim to establish an understanding of whether these factors are necessary and sufficient for quality REVERSE IPC implementation.

Results: As part of this work in progress, we will share first experiences, opportunities, and challenges of using a novel method in the field of implementation science, exemplified by its application in the REVERSE study. Steps to analyze factors as necessary and sufficient conditions for high quality REVERSE IPC implementation will be shared.

Discussion & Conclusion: Using CNA in REVERSE is particularly interesting as (i) its iterative, case-based nature allows for continuous stakeholder engagement; (ii) CNA has the unique feature of finding alternative pathways related to REVERSE IPC implementation quality; (iii) CNA may detect whether multiple factors must be jointly present to explain REVERSE IPC implementation quality.

Keywords: Configurational comparative methods, Coincidence Analysis, Infection Prevention and Control

16 - Implementation of routine recording of intraoperative adverse events according to ClassIntra® during the sign-out phase of the WHO Surgical Safety Checklist using a multifaceted, tailored implementation strategy: protocol of a collaborative before- and after-cohort project

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Abstract

Background & Aim: Intraoperative adverse events (iAEs) increase postoperative complications which are devastating to patients and costly to health care systems. To optimise patient outcomes, the World Health Organization Surgical Safety Checklist (WHO SSC) was introduced in 2008, but adherence especially to its third part 3 part, the sign-out, is low and iAEs are currently not routinely assessed. This gap between evidence supporting the use of the WHO SSC, an inconsistent sign-out practice and the lack of standardised iAEs reporting warrants applying an implementation science approach. Hence, this project aims to simultaneously evaluate the effectiveness and implementation of the sign-out including systematic recording and discussion of iAEs.

Methods: Using a hybrid effectiveness-implementation approach, this prospective before and after collaborative cohort project includes five surgical disciplines within nine Swiss hospitals. Following a context analysis using the Consolidated Framework for Implementation Research, this project is set up in three periods: 1) Recruitment of 40 patients per surgical discipline and site (approx. 900 in total) for baseline assessment; 2) Implementation based on multifaceted, tailored implementation strategies including educating and creating awareness among healthcare professionals, visible support by leaders and regular feedback rounds 3) Recruitment of 40 patients per discipline to assess the changes after implementation (approx. 900). Implementation and effectiveness outcomes will be analysed using a mixed regression model adjusting for relevant confounders.

Discussion & Conclusion: By enhancing adherence to the WHO SSC sign-out including standardised reporting of iAEs we expect to further improve perioperative patient outcomes. Based on the insights of the extensive context analysis, we will provide a broadly applicable implementation plan to achieve the required sustainable behavioural change, which will support the roll-out in further hospitals. Meanwhile clinical and implementation science expertise meets the challenges of the complex environment of an operating room.

17 - The road to successful implementation: a research-based implementation protocol for innovations in radiotherapy.

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Abstract

Background & Aim: Radiotherapy (RT) is rapidly evolving, requiring timely innovation implementation to improve treatment precision, and patient outcomes. However, only 50% of healthcare innovations, including RT, are timely implemented, highlighting a knowledge-practice gap. To address this gap, we introduced Implementation Science (ImpSci) into RT in the Netherlands. This study aims to develop a user-friendly implementation protocol for RT innovations, based on validated ImpSci frameworks and methods.

Methods: We started with a literature search, followed by semi-structured interviews with Dutch RT professionals (14/18 RT departments). Interview insights informed a tailored RT implementation protocol (incorporating the Knowledge-to-Action (KTA) framework), are currently being validated with an international Delphi study.

Results: Results, from the literature search and interviews, outline a six-step implementation protocol, including defining innovation type, project initiation, development implementation paragraph if applicable (containing stakeholder analysis, categorizing barriers & facilitators applying the Consolidated Framework for Implementation Research (CFIR) and developing implementation strategies), execution project plan, implementation, monitoring & evaluation (using Implementation Outcomes Framework).

The Delphi panel (n=16) acknowledged the importance of structured execution (n=8), stakeholder involvement (n=7), and a dynamic project plan (n=8). It also addressed the complexity of integrating ImpSci methods in their daily work. Other elements in the protocol needed clarification. Panelists struggled defining the boundaries of innovation types (n=6). The need for anticipating potential barriers was unclear since it requires considerable effort and resources (n=7). The practical use of suggested tools needed more details (n=7).

Discussion & Conclusion: The development of an implementation protocol for RT innovations is a significant step in bridging the knowledge-practice gap. The ongoing validation will ensure its (inter)national applicability, enabling more efficient implementation. A concern is that creating an implementation plan requires resources that are not available. Future research should quantify the impact of early planning efforts on subsequent phases.

Keywords: Implementation, Radiotherapy, KTA, CFIR, Stakeholders

18 - Implementation of a Clinical Decision Support System for the Early Detection of Hospital-Acquired Pressure Injury Risk: A Context Analysis

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Abstract

Background & Aim: Hospital-acquired pressure injuries (HAPI) are prevalent among inpatients, significantly impacting patient outcomes and healthcare costs. Early risk detection by nurses is crucial. Advanced machine learning models using electronic health record data show promise for improving HAPI risk assessment, but their successful implementation in clinical decision support systems (CDSS) involves addressing numerous challenges. This study aimed to identify and prioritize the determinants for implementing a new AI-based, time-aware CDSS for early HAPI risk detection in clinical practice.

Methods: A multimethod context analysis was conducted using the Consolidated Framework for Implementation Research (CFIR) to identify implementation determinants and the Nominal Group Technique (NGT) to prioritize them. A quantitative descriptive study will complement these qualitative findings. This study took place in three units of a university hospital, with implementation teams established in each unit. The participants were the members of the implementation teams and the inpatients. Data collection followed CFIR constructs, with qualitative data gathered through CFIR card game sessions and NGT consensus meetings. Quantitative data were extracted from the hospital data warehouse, focusing on contextual factors related to innovation, individuals, and inner setting CFIR domains. A rapid qualitative analysis using the CFIR, and a descriptive analysis were conducted.

Results: The study identified the main barriers and facilitators to CDSS implementation, and offered a detailed description of the inner setting, inpatients, and professionals in each unit.

Discussion & Conclusion: This study outlines key determinants to consider in each unit for developing tailored implementation strategies.

Keywords : Context analysis – Implementation science – Artificial intelligence

POSTER WALK 4 : METHODS

19 - Effective Collaboration Strategies for Engaging Vocational Training Institutions in a Substance Use and Gender Equity Program for Adolescents and Young Adults (AYA) Aged 16-24 Years: Lessons Learnt from Southern Africa

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Abstract

Background and Aim: Incorporating substance use and gender equity interventions into existing Vocational Training (VT) programs requires effective collaboration strategies to achieve impactful and sustainable implementation. We are 14 months into a 36-month program which aims to embed a substance use and gender equity program into existing VT programs. This abstract aims to share effective strategies used to facilitate successful implementation of substance use and gender equity programs with VT programs in South Africa, Zambia and Zimbabwe.

Methods: We selected one VT partner per country based on predetermined criteria, including willingness to enroll AYA with current substance use, and integrate a substance use and gender equity curriculum into existing programs. We conducted 5 consultative meetings per country with VT program leads, held peer/expert review meetings with project staff through weekly virtual and annual face-to-face meetings incorporating a site visit to the VT program. Workable strategies included establishing common objectives, clear roles and responsibilities, maintaining honest and regular communication, collaboratively addressing challenges and potential risks, evaluating, adapting, and pivoting as needed.

Results: Acceptance of substance use and gender equity interventions by VT programs through signed agreements preceded by alignment of schedules. Successful co-recruitment of AYA participants in three Youth Advisory Boards (YAB) (1 per country) and 12 Focus Group Discussions (4 per country). The adoption of the Train the Trainer (TOT) model for VT staff promotes intervention sustainability, continuity and ownership.

Discussion and Conclusion: The natural variability of VT programs offers unique opportunities to implement pragmatic strategies that can be easily adapted to similar settings, facilitating scalability. Involvement of VT partners from the design stage is crucial, ensuring their insights and needs are integrated into the intervention framework. Additionally, having an established contingency plan with viable options for program implementation is highly encouraged.

Key Words: VT, AYA, Intervention, Gender, Substance.

20 - Implementation of family-focused health interventions in real-world healthcare contexts: Lessons learned from a five-step implementation approach

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Abstract

Background & Aim: Family-focused nursing interventions aim to promote family health by strengthening their ability to live with life-limiting and life-threatening health issues. They consist of multiple, interacting components and may require changes in care culture, workflow, and behaviours, making their implementation in healthcare contexts challenging. Implementation Science offers sound methodological approaches to support the integration of complex interventions in real-world contexts. Aim is to illustrate the use of a five-step approach to implementation of complex, family-focused health interventions in acute care settings.

Methods: As part of two research projects, we applied a self-developed five-step approach: 1) engaging families and key clinical partners, 2) co-developing or adapting an intervention, 3) understanding context, 4) tailoring implementation activities, 5) evaluating implementation progress and success.

Results: This five-step approach was used and combined with different theories to integrate a nurse-led family support intervention in critical care and a family bereavement support pathway in palliative care, with implementation of the latter ongoing. We established an early, proactive partnership with key interprofessional team partners and family members with lived experience to develop or adapt a feasible, implementable intervention through workshops and consultations. Undertaking a systematic, theory-guided but pragmatic contextual analysis using interviews was essential to understand barriers and facilitators to implementation. These were discussed in small key partner groups to co-select implementation activities based on established taxonomies, resulting in multifaceted implementation plans, which were specified in logic models. Process and summative mixed-methods evaluation is used to generate empirical insight into the usefulness of implementation efforts to achieve the desired outcomes.

Discussion & Conclusion: The five-step approach informed systematic, theory-guided, and inclusive implementation within two research projects. Beside other implementation toolkits, it may serve as guidance for clinicians and researchers interested in implementing complex family-focused interventions into routine care.

Keywords: Implementation Science; family health nursing; complex interventions; public & patient involvement

21 - An Exploratory Network Analysis of Implementation Determinants and Strategies to Infection Prevention and Control Practices in Neonatal Care

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Abstract

Background & Aim: Practical knowledge about how to sustainably improve the implementation of infection prevention and control (IPC) practices in neonatal care settings remains limited. The complex dynamics of implementation remain elusive. Utilizing a systems perspective, this project conceptualizes neonatal care settings as complex adaptive systems with a dynamic network structure of interrelated parts. It applies network analysis to derive insights into implementation dynamics and current approaches within this complex adaptive system of neonatal care.

Methods : Reported implementation determinants and strategies coded according to the *Consolidated Framework for Implementation Research* and *Expert Recommendations for Implementing Change* from a recently conducted systematic review will form the data basis. This data will be used to derive isolated and combined networks of implementation determinants and strategies. Centrality indices will be calculated to identify core and peripheral determinants and strategies. Modularity algorithms will be applied to the networks to infer common co-occurrences and employed implementation approaches. Additionally, subgroup analyses will explore differences across IPC practices and country income levels. All analyses will be performed using RStudio.

Results : This project aims to demonstrate how network analysis can reveal the relative importance and dynamic interrelations among implementation determinants and strategies that shape current implementation approaches. It will highlight practical tendencies within the implementation of IPC practices in neonatal care, providing insights that can be used to inform and enhance the design of future implementation approaches.

Discussion & Conclusion: While current research predominantly adopts linear approaches to address implementation issues, this project applies a systems perspective to the implementation of IPC practices in neonatal care. Additionally, it expands the application of network analysis as an exploratory and comparative methodology within the field of Implementation Science, offering new insights into the complex dynamics tied to the implementation of IPC practices in neonatal care.

Keywords : Neonatology; Network Analysis; Systems Thinking

22 - Using System Support Mapping to enhance initial and ongoing implementation tailoring

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Abstract

Background & Aim: The implementation of evidence-based interventions (EBIs) in health care and their facilitation through the selection and design of implementation strategies is characterised by a high degree of complexity. Therefore, contextual environments need to be framed as hierarchies of influence on behaviour, and in order to adequately address factors that promote and/or inhibit implementation through implementation strategies, it is important to consider a social system implementing as a whole. Methods from the field of "system thinking", in particular System Support Mapping (SSM), provide support here.

Methods: We used SSM within the Neo-MILK project, which aims to implement a structured lactation support programme for mothers of very low birth weight preterm infants and to establish human donor milk banks in 15 German neonatal intensive care units (NICUs). Initial implementation was facilitated by strategies identified during the intervention development phase. To review whether these initial implementation strategies are appropriate and sufficient for ongoing implementation, and whether other context-specific factors emerge that were not addressed in the initial implementation strategies, we conducted semi-structured interviews with 10 key persons from participating NICUs in the early implementation phase. The qualitative data material was deductively coded and visualised using the given structure of the SSM (role, responsibilities, needs, resources and desires). Within-site and cross-site analysis were conducted using the matrixed multiple case study approach.

Results: Results show that organisational conditions emerged as determining factors across all sites and that perceived influences promote or inhibit the implementation depending on the context, emphasising the need for tailored implementation strategies.

Discussion & Conclusion: As tailoring implementation strategies to local context is a promising approach to support implementation and sustainment of EBIs in healthcare settings, SSM can be embedded in ongoing implementation tailoring through matching with other tools.

Keywords: System Support Mapping, tailored implementation, implementation barriers and facilitators

23 - Ongoing tailoring approaches and their monitoring in the implementation of research-supported interventions in healthcare settings - a systematic review

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Abstract

Background & Aim: In dynamic and complex implementation environments, effectively implementing research-supported healthcare interventions requires thoughtful consideration of contextual factors that influence these efforts. While *one-off tailoring*—where strategies assumed to address these factors are selected just once prior to implementation—may initially meet the unique needs of each context, the relevance of the chosen strategies may falter as conditions change during implementation. *Ongoing tailoring* (OT) is an agile implementation approach involving continuous monitoring and informed decision-making to refine strategies in response to changing conditions, thereby guiding implementation. However, inconsistent conceptualization and application have left its full potential largely unexplored. This systematic review aims to address this gap by unraveling the diverse methodologies and identifying the essential core elements of OT and its monitoring.

Methods: MEDLINE, EMBASE, Cochrane, Web of Science, and Scopus were systematically searched for articles published since 2005, focusing on OT approaches developed for diverse healthcare settings. Two reviewers are screening titles and abstracts, and full texts. Study quality will be assessed using the Mixed Methods Appraisal Tool. Qualitative data synthesis will follow the JBI approach. Key data to be extracted include models and theories utilized for OT, processes and individuals involved, indicators and measures applied for monitoring, and decision-making approaches. Reporting will adhere to the PRISMA 2020 statement.

Results: In total, 5746 articles were identified for title and abstract screening. This screening is currently ongoing. Preliminary findings will be presented.

Discussion & Conclusion: This systematic review offers a comprehensive overview of how OT has been conceptualized, practiced, and monitored in implementing research-supported interventions in healthcare. By synthesizing OT methodologies and core elements, a clearer understanding of OT will be developed, potentially enabling both its application as a practical implementation approach and its evaluation as part of future implementation research.

Keywords: tailoring, implementation strategies, implementation monitoring

24 - What implementation scientists need: Results from the Promote ImpSci survey

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Abstract

Background & Aim: The interest in implementation science is constantly growing in German speaking countries. However, establishing implementation science as a discipline with associated positions, funding channels and publication opportunities is still an ongoing process. Within the scope of the "Promote ImpSci" project, we conducted an online survey of implementation researchers to identify factors that promote a supportive implementation science infrastructure in German-speaking countries.

Methods: We created an online questionnaire based on the results of a previous interview study and the COM-B model. Amongst others, the questionnaire contained items on barriers and facilitators for conducting implementation research. The survey was distributed in early 2023 through the software Tivian. Participants were recruited via formal and personal networks and professional associations related to the topic. We analyzed the data using a mixed methods approach in SPSS and MAXQDA.

Results: A total of 55 implementation researchers from Germany, Austria and Switzerland took part in the survey. Many participants described implementation research projects as complex and specifically mentioned the time-consuming, albeit enriching, collaboration with practice partners and the challenging lack of dedicated funding. The small number of formal training opportunities was criticized, while sources for individual knowledge acquisition and peer learning were mentioned as facilitators. Missing support from the work environment, whether from supervisors or institutions, was explicitly mentioned by some as a challenge. Networking beyond one's own research team was therefore one of the most important facilitators for being able to conduct implementation research.

Discussion & Conclusion: The results show a high relevance of education and training, peer groups and networks for successful implementation research. We present opportunities for networking among implementation researchers in German-speaking countries and discuss implications arising from the present study, such as the need for greater consideration of implementation aspects from funding bodies.

Keywords: Research infrastructure, research support, implementation science networks

25 - Operationalized implementation strategies for implementing medication adherence improving interventions in the Make-It program

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Abstract

Background & Aim: Numerous strategies exist to enhance implementation, but guidance on selecting the right strategies for a specific context remains limited. In the Make-It program, we learned what strategies four front-runner living labs used, when implementing medication adherence interventions successfully. This study aimed to operationalize the strategies used by all four of these front-runner living labs, to guide future implementation initiatives.

Methods: Four new Make-It living labs were instructed to incorporate the eight ERIC-implementation strategies used by all four previous living labs into their projects. In a workshop session, we asked project leaders of the new living labs, halfway through their implementation process, to detail how they operationalized each strategy. They were asked to describe actors, actions, action targets, temporality, dose, implementation outcomes to be effected, and justification.

Results: The new living labs successfully incorporated the eight strategies based on general instructions, with significant variation in operationalization characteristics. Several actions involved combining distinct strategies. For example, some educational meetings and meetings to identify readiness for change and barriers/facilitators also contributed to coalition building and informing local opinion leaders. Training involved educational meetings, educational materials, and discussions on audit and feedback data, which together constituted a form of dynamic training. Most strategies aimed to promote reach, adoption, implementation and effectiveness, with some also aiming to ensure maintenance.

Discussion & Conclusion: The nuances of scientifically developed, distinctive implementation strategies are partly lost in translation into real world practice. Following experienced implementers in selecting implementation strategies for specific settings appears beneficial, providing an alternative to a strictly science-based approach. The operationalized implementation strategies will guide future implementation initiatives in a follow-up project named Make-It 2.0.

Keywords: Implementation strategies; medication adherence; pharmaceutical care; primary care

30 - Implementation outcomes of psychosocial interventions addressing informal caregivers' mental health: a systematic review

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Abstract

Background & Aim: Care provision can cause psychological distress and may lead to physical and mental health adverse outcomes for informal caregivers. Evidence suggests that psychosocial interventions can be effective to improve caregivers' mental health. However, implementation outcomes remain generally little investigated and poorly reported. Nevertheless, they are indispensable to inform the scalability and sustainability of interventions, beyond their effectiveness.

We aim to systematically review all the primary studies that assessed implementation outcomes of psychosocial interventions for improving mental health of informal caregivers; and to collect the measurements used in the primary studies to evaluate implementation features. We also aim to assess whether the interventions and/or the implementation processes are built on or guided by known models, frameworks or theories.

Methods: We apply Cochrane review methods. We searched Cochrane Central Register of Controlled Trials, PubMed, EPISTEMONIKOS, Ovid PsychINFO and MEDLINE, and International Clinical Trials Registry Platform up to the 2nd of February 2024, to retrieve qualitative, quantitative, and mixed-methods studies. We will extract information and data of studies and formally assess their methodological quality. We will follow the implementation outcomes framework of Proctor.

Results: We registered our protocol in PROSPERO (CRD42024498901).

Four independent reviewers screened 14633 records and retained 742 full texts. We will describe and narratively synthetize the main design characteristics and findings, including the theoretical frameworks of the interventions tested in the included studies.

Discussion & Conclusion: Data from this systematic review are expected to be available by November 2024. Our results have the potential to inform on the state of art of implementation assessment in mental health, specifically on the implementation of existing psychosocial interventions for informal caregivers.

Keywords : #implementationoutcomes #informalcaregivers #mentalhealth #psychosocialinterventions #systematicreview

31 - Pharmacogenetic panel testing over time: a prospective longitudinal observational study

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Abstract

Background & Aim: The genetic makeup of a patient, which influences the efficacy and safety of drugs, remains stable over time. Additionally, 95% of the population is exposed to at least one drug affected by pharmacogenetic (PGx) variability. This suggests that PGx information from a previous test should be considered by patients and physicians to inform future treatment decisions. However, the extent to which this information is used in clinical practice is unclear. Therefore, the study aims to assess how PGx data informs medication changes and what kind of factors influence its use or non-use.

Methods: The study population comprises patients who received PGx testing in primary or secondary healthcare institutions, whether in a study setting or routine practice. It is anticipated to recruit 450 participants. Medication- and health-related data will be collected from patients by trained professionals during semistructured telephone interviews in yearly intervals for 3 years. For the quantitative assessment of medication changes, a structured query was designed with previously defined categories. Non-structured, open questions were created for the qualitative evaluation of patient-reported reasons for the use (or non-use) of PGx information.

Results: Since study approval (03/2023), 61 patients were recruited. Preliminary evaluation will be performed after the first 20 follow-up interviews one year after inclusion. Focus will be directed to the analysis of the non-structured questionnaire. It is expected to identify qualitative patterns to detect factors contributing to the use (or non-use) of PGx information.

Discussion & Conclusion: The findings will provide insights into the real-world application of PGx information and thus fill a gap in clinical practice contributing to the field of personalized medicine. The study results will also serve as a basis for further research projects focusing on the implementation of PGx testing in Swiss primary and secondary care.

Keywords: PGx information, implementation, therapy decision, clinical practice

32 - DoMiRéFas: Impact of interventions to promote healthcare professionals' healthy work presence in a homecare context, in a French-speaking state of Switzerland.

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Abstract

Background: studies conducted in Switzerland and abroad have been identifying, describing and measuring the main psycho-social factors (PSF) and psycho-social risks (PSR) at work for healthcare professionals (HCP). However, once a diagnosis has been made, in the absence of interventions aimed at reorganizing work, phenomena such as damage to the health of HCP, absenteeism or leaving the profession do not diminish, nor does the intent to stay increase. The exploratory, longitudinal, descriptive and correlational study will take place in a Swiss' state public facility for homecare in the French-speaking part.

Aims: to adapt, validate and implement a process for continuous improvement of working conditions within a homecare Foundation. DoMiRéFas's hypothesis is implementing a process of continuous improvement of working conditions through managerial training influences the measurement of PSF and PSR.

Methods: 350 HCP in 21 work teams take part in DoMiRéFas, lasting 27 months. It is implementation science research based, including quantitative pre/post interventions, qualitative (focus groups) data collections to describe PSF and PSR. The implementation strategies will be participative workshops and formation for managers and HCPs, EBN counselling by research team. The whole process will be evaluated in terms of feasibility, cost effectiveness, appropriateness and sustainability by HCP and managers. The analysis includes context, stakeholders (managers and HCP) involvement, measurement of implementation outcomes through STRAIN and items of PES-NWI questionnaires (permitting to measure the HCP' PSF at work. Descriptive and correlational statistics will be realized. Bern ethics' committee as approved the study.

Discussion and Conclusion: robust and contextualized results are needed to help politics to promote interventions to mitigate absenteeism or intent to leave, to strength the HCP' intent to stay, the attractiveness of the professions, and the sustainability of workplaces in their local context to ensure optimal homecare.

Keywords: Healthcare Professionals. Healthy work environment. Homecare. Psycho-Social Risks Factors at Work.

33 - The System-Wide Medication for Opioid Use Disorder (SW-MOUD) Program: An Implementation Case Study

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Abstract

Background & Aims: Medication for opioid use disorder (MOUD) is traditionally provided in ambulatory opioid treatment programs that operate separately from other providers, making it difficult to address patient needs comprehensively during health care encounters. To alleviate these barriers to continuous care for individuals with Opioid Use Disorder (OUD), The Ohio State Wexner Medical Center designed the System-Wide MOUD (SW-MOUD) program. The SW-MOUD program has two objectives: (1) expand access to MOUD across emergency, inpatient, and outpatient settings, and (2) coordinate care for patients across these settings using integrated program staff. This study describes the SW-MOUD program implementation in order to serve as a roadmap for the creation of similar care delivery mechanisms.

Methods: We used a convergent parallel design.

Results: In the program's first four years, there were a total of 4,908 MOUD initiations. The implementation tools include a patient flow model with an overall program structure, a detailed multi-level implementation timeline, and a table of implementation strategies used across three broad phases: preparation, rollout, and sustainability. The transformation of evidence-based treatments into systematic delivery approaches offers the potential to improve patient outcomes.

Discussion & Conclusion: The transformation of evidence-based treatments into systematic delivery approaches offers the potential to improve patient outcomes. Our experience is informative not only for health systems seeking to increase access to MOUD in their communities but also those more generally looking to expand care access for any treatment modality by promoting retention in care with coordination across existing system silos

Key Words: MOUD; Implementation Strategies; Opioid Use Disorder, Care Coordination, Health Care Delivery Transformation

34 - Incorporating local knowledge to design culturally sensitive mental health interventions for adolescents in Lesotho

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Abstract

Background & Aim: Although adolescents make up a significant proportion of the population in low-and middle-income countries (LMICs) in Africa such as Lesotho, their mental health needs are often overlooked due to lack of mental health knowledge within family structures and larger community misconceptions of mental health. Centering the community at the core of research is important for the uptake of knowledge related to mental health, fostering communities that are mental health safe and conscious. The aim of this study was to collaborate with local community members to develop a study protocol to understand adolescent mental health and co-design a community-based intervention.

Methods: Following community-based research principles, we consulted experts, healthcare and social workers, youth, lay counselors, and community leaders to design a formative research protocol. We used interviews and focus group discussions to explore common mental health problems, attitudes towards mental health, cultural sensitivities and intervention suggestions. Notes from interviews and focus groups were summarized and analyzed thematically to inform study design.

Results: Consultation with 32 community members informed the inclusion criteria, study procedures, terminology and design of a protocol for a formative study of youth mental health. One community leader indicated youth ages 13-19 needed most help with mental health problems. Youth identified with the term 'stress,' but not to clinical terms like 'depression.' Crises of identity were highlighted as a problem by social workers. Experts indicated that participatory and active methods should be used to co-design mental health interventions.

Discussion & Conclusion: Involving community members early in the research process is important for the success of youth mental health programs because it increases local buy-in and ensures that procedures are culturally sensitive, ultimately leading to more effective and accepted mental health interventions.

Keywords: adolescents, Lesotho, mental health, community-based research

35 - The power of context: preliminary findings for creating an eHealth-enhanced integrated care model for rheumatoid arthritis using the Basel Approach for coNtextual ANAlysis (BANANA)

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Abstract

Background: The EU-Horizon funded project SQUEEZE aims to develop, implement and pilot-test an eHealth-facilitated integrated care model to improve medication adherence and shared decision-making in rheumatoid arthritis (RA) in two Swiss centres. We are conducting a contextual analysis (CA) at the European and Swiss levels.

Methods: The BANANA components guide our multi-method approach to selecting frameworks (COMP1), analysing evidence (COMP2), engaging stakeholders (COMP3), collecting primary data (COMP4) and determining the relevance of context for intervention co-design (COMP5).

Results: Here we report preliminary COMP2 findings on multi-level contextual factors at the patient, provider, organisation and health system levels. The increasing prevalence of RA, the complexity of managing an ageing RA population (e.g., due to comorbidities), geographical (e.g., rural/urban divide) and health disparities (e.g., minorities), and the need to empower patients in their RA self-management highlight the potential and relevance of improving RA care through eHealth-enabled care models. Given the diverse needs of the RA population, we have learned that it is essential to segment target groups by risk profile and plan tailored interventions to improve medication adherence.

We also screened 624 full-text articles from 8904 identified titles/abstracts for a scoping review of epidemiological data on medication adherence and a systematic literature review of medication adherence interventions (completion 9/2024).

Additionally, we have defined a European stakeholder strategy (COMP3) that is being regularly evaluated.

Discussion: The next steps include Swiss stakeholder engagement (COMP3) and primary data collection (COMP4): Structured expert interviews and a qualitative multiple-case study at the European level, as well as qualitative (e.g., observation, interviews) and quantitative (e.g., registry) data collection and analysis in two Swiss centres (completion 9/2024). The multi-level contextual information will be organised by contextual domains and relevant implications for the development of intervention and implementation strategies will be highlighted (COMP5).

Keywords : Contextual analysis; rheumatoid arthritis

36 - Context analysis to design an interprofessional intervention to optimize medication in long term care facilities specific (LTCFs) to mental health in canton of Vaud

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Abstract

Background. Interprofessional medication optimization has high relevance for countering polymedication and drug-related problems in nursing homes. Needs and impact of such approach in other types of long-term care facilities (LTCFs) is less known. Therefore, a contextual analysis has been launched in 20 LTCFs specific to mental health. Those LTCFs already participate to an integrated pharmacist service (IPS) program, funded by the canton of Vaud.

Objectives. Our aim is to evaluate priorities of optimization perceived by pharmacists already collaborating with these LTCFs, also based on the analysis of drug invoice data of residents. The findings will provide insight to design and guide the implementation of a medication review-type intervention intended for residents in LTCFs specific to mental health.

Methods. Our contextual analysis consisted of 1) semi-structured questionnaire developed to explore pharmacist perspectives; 2) descriptive epidemiological analysis of drug invoice data already gathered for monitoring the IPS program; 3) rapid data analysis approach to determine intervention components, and 4) individual interviews to identify key components and associated implementation strategies with three volunteer pharmacists, physicians, nurses, and residents.

Results. The 11 pharmacists involved in LTCFs have been addressed a questionnaire and drug data analysis is ongoing. Findings will provide insight for elaboration of a guide interview to rank the previously identified components to define a pilot intervention and implementation strategies formalized in an Implementation Research Logic Model.

Conclusion. The effectiveness and the implementation of the intervention resulting of this contextual analysis will be evaluated in LTCFs specific to mental health, through a further hybrid study, before eventually be included in the IPS program. The whole data-driven process increases chances to lower efficiently the medication burden for residents and professionals involved at the end.

Keywords: *medication optimization, long-term care facilities, mental health, contextual analysis*

37 - Early detection of clinical deterioration in a Pediatric Intermediate Care Unit (PedU-IMC): a best practice implementation project.

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Abstract

Background/aim: The Pediatric Intermediate Care Unit (PedU-IMC) provides specialized care and specific monitoring for pediatric patients who are at high risk of clinical deterioration. Implementing a Pediatric Early Warning Score (PEWS) is crucial for promptly detecting clinical deterioration, triggering urgent response, reducing morbidity and mortality, and strengthening staff's sense of security. This project aims to promote evidence-based practices for early identification of clinical deterioration in pediatric patients and establish an effective interprofessional response.

Methods: This project includes a baseline audit, strategy implementation, and a follow-up audit after 6 months. Clinical outcomes, such as cardio-respiratory events and unplanned transfers to the PICU, were collected from medical charts over three months. Interprofessional cooperation, coordination, and collaboration were measured using the SF-36 survey, while job satisfaction and sense of security were assessed with a self-constructed questionnaire completed by nursing and medical staff.

Results: Between baseline and follow-up audits, cardiorespiratory events decreased from 1 to 0 events and unplanned transfers to the PICU decreased from 17 to 14. Interprofessional collaboration decrease from 3.8 to 3.6 when job satisfaction increased from 88% to 97%. The sense of security improved, staff feeling more heard (84% vs 90%) and safe (100% vs 97%).

Discussion/conclusion: Baseline audit identified facilitators and barriers, highlighting the necessity of implementing an automatic calculated scoring system. Whenever the incidence is low, slight improvement in clinical patients' outcomes can be notified since the PEWS's implementation. Interprofessional collaboration and sense of security showed stable to slight positive results highlighting the need for ongoing implementation. Having a tool that is adapted to the patient population requires constant adjustments. Regular audits and feedback to staff are essential to ensure that the PEWS continues to be implemented.

Keywords: Pediatric Early Warning Score, Pediatric Intermediate Care Unit, Implementation science

38 - The des-implementation of a low value care in a medicine unit

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Abstract

Background & Aim : Low-value care practices represent a significant issue in the quality and safety of healthcare. The use of cold packs as non-pharmacological treatment of fever is a common practice.

Counterproductive and uncomfortable, this practice reflects an unconscious personal and institutional culture. The aim of this study is to de-implement this practice by conducting a context analysis and proposing de-implantation strategies within an adult medicine unit.

Methods : A cross-sectional multi-method study was conducted among the healthcare professionals. The CFIR framework guide this study. A preliminary questionnaire was completed by caregivers. Then, four mixed focus-groups (FG) were held with the team to collectively address themes related to the study subject. A rapid analysis was performed according to Nevedal. Strategies were developed using the COM-B TDF model.

Results : Eight caregivers participated in this study. 87% of the participants reported using cold packs to treat fever and 87% said they learned it in their practice. Changing this practice is shared between surprise and understanding. At the heart of the use of cold pack, there is a demand from patients. Caregivers express their need for information and wish to create a communication tool for patients.

Discussion : Data collection validates the lack of evidence-based data. The adverse events highlighted in the literature reflect a knowledge gap among healthcare professionals. There is also a correlation between the information needs, expressed by the team, and the strategies proposed in the literature to de-implement a low value care.

Conclusion : The culture of using cold packs is widespread. An individual and collective dimension seems to emerge that includes patients' beliefs. Information for health professionals, and an information sheet for patients could facilitate the de-implementation of this low-value practice. Thus, the de-implementation process could be extended to other care units.

Keywords : fever, cold pack, non-pharmacological, management

39 - Sustainable implementation of multi-level interprofessional Deprescribing service in nursing homes

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Background and Aim: An Integrated Pharmacy Service is implemented in some nursing homes throughout Switzerland. This service has been used to test deprescribing interventions at the resident-and the nursing home-level, which showed that this approach is relevant and feasible. However, dissemination requires supportive measures and strategies to ensure a successful implementation. This study will evaluate the implementation and impact of a facilitated interprofessional deprescribing service in Swiss nursing homes.

Methods: After an education session combining in-person activities and e-learning, pharmacists will implement one or both of the following interventions in their nursing homes: medication reviews targeting individual residents, and interprofessional practice groups, gathering physicians and nurses, to elaborate local deprescribing consensus and implementation strategies. A facilitation service will support pharmacists in the implementation of this service, and a digital platform will be used to facilitate communication between professionals within the nursing home and support data gathering. The study, which will take place from September 2023 to September 2026 and be opened to all voluntary Swiss nursing homes, follows an hybrid (type 3) effectiveness and implementation evaluation design.

Results: 60 NHs, totaling about 3000 beds, are currently enrolled in the study. The prescription frequency and consumption (using Defined Daily Doses) of inappropriate medication will be assessed during the impact evaluation. The implementation evaluation will focus on the acceptance and maintenance rates of therapy modification proposals, the implementation strategies used, and the satisfaction of stakeholders (professionals, politicians, patients).

Discussion and conclusions: This study will provide insights on the value of various measures aimed at implementing a facilitated and structured interprofessional deprescribing service, and the contextual parameters to be taken into account at different levels (professional, systemic) with a view to make this practice widespread.

Key words: nursing homes, interprofessional practice, deprescribing interventions, hybrid implementation effectiveness study

40 - Catalyzing innovation in a University Hospital Care Directorate: Introducing the Research and Implementation Care Lab

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Abstract

Background & aim: Evidence-based practice (EBP) must be integrated by nursing and health allied professionals to improve care quality. Therefore, there's an increasing and strong emphasis on promoting EBP and implementing effective care practices. Since 2012, professionals in the French-speaking part of Switzerland earn bachelor's degrees, which include EBP and research courses. However, only a few may attain advanced degrees or extensive research knowledge. This is particularly relevant because clinical departments lack resources and support to translate EBP into clinical practice. Recognizing the need from healthcare professionals for guidance and resources, the Care Directorate established the Research and Implementation Lab (LRIS).

Methods: According to the seven critical steps of EBP proposed by Melnyk and Finneout-Overholt, the "step 0": "cultivate a spirit of inquiry", inspired the creation of the LRIS. This step consists in promoting a culture and an ecosystem that is supportive of EBP.

Results: The process of implementing the LRIS involved the following phases: (1) Decision to establish the LRIS, (2) Identification of eligible candidates for LRIS and their engagement, (3) Clarification of roles and responsibilities, (4) Reflection on the missions and activities, (5) Development of an intranet site and dedicated email address and, (6) Dissemination and promotion of LRIS services.

Perspectives: Aligned with the strategic operational plan of the Care Directorate, the LRIS will become the consulting structure for nursing and health allied professionals, facilitating the transfer of knowledge from research to clinical practice.

Keywords: Evidence-based practice, transfer of knowledge, nursing, health allied professionals.

41 - Scale-up for physical activity counseling interventions by an e-learning course improving implementation and intervention competences in primary care

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Abstract

Background & Aim: Physical activity (PA) counseling intervention by primary care professionals is effective, hence needs scale-up for public health impact. Following a scale-up framework, we evaluated the implementation of such an intervention in a small scalable unit (SCU) and with an implementation-guide for primary care teams. Aiming to further scale-up the intervention, we developed an e-learning course to strengthen implementation- and intervention- competences in primary care teams.

Methods: According to the frameworks next scale-up step, we used SCU data to advance the implementation-guide (oriented toward ERIC) and an interdisciplinary group (Science-IT; Implementation Science, Primary Care) to decide on technology (Learning Management System OLAT) and develop the course. Therefore, we combined the CeHREs roadmap for user centered design with implementation mapping. This included a matrix for change and small step usability tests with primary care teams until a first prototype. The prototype will be evaluated in respect to 1) usability; 2) competences in implementation and/or counseling by professionals, and 3) normalization of the intervention by teams.

Results: The first prototype of the self-directed e-learning course TiPPrevention is now used by primary care teams and concurrently evaluated. The course integrates the intervention that enables professionals for PA counseling with the implementation strategy that enables primary care teams via an "implementation supporter" (a professional from the team) to sustainably implement the intervention over six months. This person gains implementation support skills, by step-wise theoretical inputs and practical implementation work with the team.

Discussion & Conclusion: The TiPPrevention e-learning course has the potential to enhance implementation capacity in primary care teams, which is crucial for scaling up preventative interventions. Successful development of such courses requires a combination of IT science, implementation and clinical expertise, and a structured process to establish a common language and optimal solutions.

Keywords: implementation support capacity, behavioral change, scale-up

42 - Healthcare professionals' perceptions of the acceptability, feasibility and sustainability of tailoring to select implementation strategies

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Abstract

Background & Aim: Tailored implementation strategies may be effective for improving professional practice. However, evaluation of tailoring tends to focus on the effectiveness of tailored strategies, rather than evaluating perceptions of the tailoring process, hindering efforts to optimise this approach. A mixed method evaluation was conducted of two tailoring processes to develop strategies to support implementation of Dose Adjustment for Normal Eating (DAFNE), a patient education programme for people with type 1 diabetes. We explored healthcare professionals' perceptions of acceptability, feasibility, and sustainability of these tailoring processes.

Methods: Healthcare professionals (HCPs; nurses, dieticians, doctors and administrators) from 16 DAFNE centres participated in tailoring exercises, identifying and prioritising barriers to implementation and selecting strategies to address these. Two different tailoring approaches were used: a participatory approach relying more on group discussion and a pragmatic approach using surveys with limited group discussion. Semi-structured evaluation interviews were conducted with participants after the tailoring exercise.

Results: 62 HCPs engaged in tailoring, 42 of whom were interviewed (68% response rate). Most considered tailoring somewhat useful. In particular, they valued the deliberate approach to service planning and the opportunity to reflect on practice. Group discussion, consensus-building and multidisciplinary involvement were considered important, due to the differing perspectives involved. However, both approaches were considered time-consuming. Participants were also frustrated with the repetitiveness of the questions, and the complex terminology used, particularly in surveys. Tailoring was considered to be potentially sustainable, though possible challenges and refinements were highlighted.

Discussion & Conclusion: Initial findings support the acceptability, feasibility and sustainability of tailoring to develop implementation strategies and suggest features of this process that HCPs value, and those that could be improved. These insights into how tailoring works in practice will be valuable in informing researchers and practitioners selecting tailoring approaches.

Keywords: Tailoring, perceptions, healthcare professionals, acceptability, feasibility

43 - Tailoring the Consolidated Framework for Implementation Research (CFIR) to assess the implementability of medication adherence interventions

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Abstract

Background & Aim: Predicting whether an intervention can be successfully implemented a priori would be beneficial. Although several theories and frameworks exist to guide the implementation process, none are specific for medication adherence interventions. This study aims to tailor an implementation framework for assessing the implementability of evidence-based medication adherence interventions in a certain context.

Methods: In a three-round Delphi study, implementation experts rated determinants based on constructs of the Consolidated Framework for Implementation (CFIR) on their importance to assess implementation success of four medication adherence interventions using a five-point Likert scale. Consensus was defined as more than 70% (dis)agreement on level of importance. In four living labs, determinants of implementation of these medication adherence interventions were identified using project meeting documentations and interview transcripts, which were analyzed using the CFIR framework. Results were compared to assess agreement between Delphi results and determinants in real-world practice.

Results: Eighteen experts rated 29 of 41 determinants as important for implementation of medication adherence interventions. Seven of these determinants were observed as determinants in all four living labs (compatibility; available resources; access to knowledge & information; competence; motivation; engaging; reflecting & evaluation). Of the 12 determinants identified to be of no importance, 2 were indeed not important in any living lab (external pressure; learning-centeredness culture).

Discussion & Conclusion: This study demonstrates a discrepancy between expert opinions and observed determinants important during implementation of medication adherence interventions. When predicting medication success of medication adherence interventions in specific contexts, at a minimum, the determinants identified as important by both the Delphi study and real-world practice should be considered.

Keywords: medication adherence interventions; CFIR; implementation déterminants

44 - AI prediction model to identify risk for pressure ulcers in hospitalized patients: a pilot implementation study

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Abstract

Background & Aim: Hospital-acquired pressure ulcers (PU) are frequently observed. To identify PU risk patients, nurses usually have to repeatedly perform risk assessments. To assess the feasibility and acceptability of Decubitus Risk Alert Artificial Intelligence - DRAAI and proposed implementation strategies.

Methods: We performed an explorative mixed-method pilot implementation study, on three general wards in an academic hospital in the Netherlands, between June and September 2023. Data scientists and nurses co-created DRAAI, which provides a daily prediction of PU risk based on routinely collected electronic health record data. Implementation strategies were consensus based, using an Implementation Research Logic Model, featuring ERIC strategies; 'P*reparing and identifying local champions', 'Facilitation'* 'Facilitate relay of clinical data to providers' and '*Obtain formal commitments'*. Follow-up of risk predictions were collected quantitatively, nurses' experiences with DRAAI and implementation efforts were qualitatively explored through informal interviews.

Results Thirty percent of the 428 admitted patients received an at-risk prediction, half of these predictions were followed-up with preventive measures within 24 hours. Forty-three patients (17%) without an at-risk prediction, were identified as at-risk patients based on clinical reasoning. Nurses were struggling with the concept of risk predictions, they were not sure if the predictions were correct, because identified patients did not have PU. Nurses really valued DRAAI, creating increased awareness and less time-consuming risk assessments. The top ten risk factors per patient stimulated clinical reasoning. Nurses appreciated the daily presence (>30 visits) of the implementation team, educational sessions (3 per ward), and the local champions.

Discussion & Conclusion This is one of the first clinically used PU prediction models. Implementing DRAAI is acceptable and feasible to identify PU risk patients. Implementation of a PU risk prediction model requires various labour-intensive efforts. DRAAI enhanced nurses' clinical reasoning, clinical reasoning remains important to assess PU risk.

Keywords Implementation, Pressure ulcer prevention, Risk prediction model, Artificial Intelligence, Nursing

45 - Bridging the paradoxical research-to-practice gap: Using an intervention mapping and user-centred approach to develop a supportive tool for implementation in healthcare and wellbeing in Belgium

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Abstract

Background and aim: A primary goal of implementation science is to reduce the well-known research-to-practice gap, by developing and studying evidence-based methods to tackle implementation barriers, design effective interventions, and measure implementation outcomes. Changes in demographics and growing care-needs fuel the urge for effective implementation of efficient and innovative practices. As a result, a growing number of professionals within care and wellbeing are being tasked with quality improvement and implementation within their organisation. However, a paradoxical gap has emerged, in which knowledge about implementation does not get implemented. The aim of the project is to help bridge this paradoxical gap through the development of an implementation-support tool, targeted at professionals in care and wellbeing.

Methods: The intervention will be developed following an Intervention Mapping approach. A needs assessment of the target group has been conducted, as well as an exploration of existing tools. In the upcoming year the tool will be further developed through user-centred design, after which it will be evaluated through action research.

Results: The needs assessment shows that the target group lacks time to follow advancements in the field of implementation sciences, attend extensive education, and decipher complex scientific models and frameworks. There is a need for a hands-on and practical tool that converts up-to-date scientific knowledge to practice-oriented information and ready-to-use instruments. Existing tools are still often found too complex and time-consuming, or are not tailored towards the Belgian context.

Discussion and conclusion: Professionals working in the field of care and wellbeing understand the importance of evidence-based implementation strategies and models, but experience a need for hands-on tools. By developing a supportive and interactive tool for implementation support we wish to address this need and as such help bridge the paradoxical research-to-practice gap.

Keywords: implementation support, hands-on tool, intervention mapping, user-centred design

46 - Barriers and Facilitators for Hand Hygiene Adherence on a Swiss Neonatology Ward

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Abstract

Background & Aim: Hand hygiene is an effective measure to prevent transmission of pathogens and healthcare-associated infections. In neonatology, although hand hygiene adherence is crucial due to the patients' increased vulnerability, adherence was shown to be suboptimal. Our study aims to identify the facilitators and barriers to hand hygiene adherence among frontline healthcare workers in a neonatology ward.

Methods: The study was conducted in the neonatology intermediate and intensive care units of the University Hospital Zurich, Switzerland. Semi-structured interviews with frontline healthcare workers and hand hygiene experts were conducted in November 2022, and transcribed verbatim. Interviews were deductively coded according to the Capability, Opportunity, Motivation and Behavior (COM-B) model and the Theoretical Domains Framework (TDF). Additionally, an inductive thematic analysis was used to specify barriers and facilitators for hand hygiene adherence. Key determinants were prioritized by a combination of quantification of coded segments, a stakeholder voting procedure, and an expert group meeting.

Results: A total of 42 interviews were conducted, 27 (64%) with nurses, 6 (14%) with physicians, 6 (14%) with other professions, and 5 (12%) with hand hygiene experts. Thirteen key determinants were identified: four in the category of the COM-B model's 'capability' (knowhow, forgetfulness, planning of processes, habits), four in 'opportunity' (workload, non-visibility of germs, having role models, being observed), and five in 'motivation' (having a bad conscience when not adhering, receiving feedback, perceiving negative consequences from hand hygiene, self-reflection on behavior, intention to adhere to hand hygiene). 'Motivation'-related determinants predominantly acted as facilitators, whereas capability and opportunity factors were predominantly barriers.

Discussion & Conclusion: This study identified several relevant barriers and facilitators for hand hygiene adherence in our neonatology ward from all three COM-B sources of behavior. These determinants can now inform a tailored intervention aimed at improving adherence.

Keywords: hand hygiene, neonatology, adherence, determinants, barriers, facilitators

LOCATION AND DIRECTION

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