

# **REVERSE WP5 – IMPLEMENTATION**

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### **Our WP5 Team**



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## WP5 – Central research question

Will the tailored implementation of **REVERSE** clinical interventions (IPC & ABS) be superior to a standard approach to their implementation?







## WP5 – Focus: Implementation strategies & their tailoring

**Implementation strategies:** "Methods or techniques used to enhance the adoption, implementation, and sustainability of a clinical program or practice." (Proctor et al., 2013)

- 'How to' component of change
- Examples of implementation strategies: Training; audit & feedback; utilisation of 'champions'
- ERIC Expert Recommendations for Implementing Change taxonomy (Powell et al., 2015)
  represents consensus on common implementation strategy terms, definitions and categories and will
  be utilised

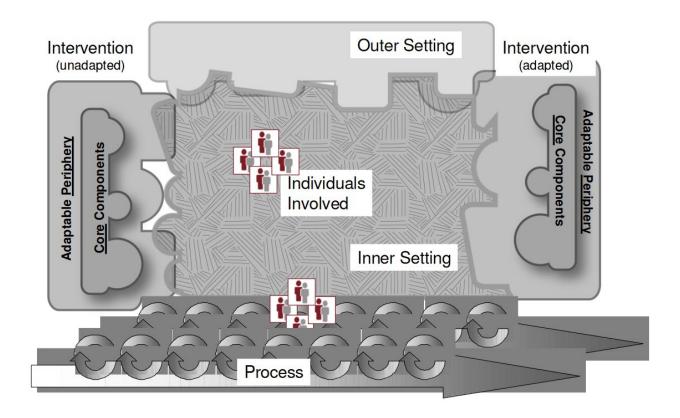
**Tailored implementation strategies:** "Strategies to improve professional practice that are *planned, taking account of prospectively identified determinants of practice.*" (Baker, 2015)

- Examples of determinants: Organisational culture, climate, resources, structures; provider knowledge, motivation, perception; legislative foundations, policy agendas; patient factors
- CFIR the Consolidated Framework for Implementation Research (Damschroder et al., 2009) will be used



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## **Consolidated Framework for Implementation Research (CFIR)**







## **WP5 – Objectives**

- 1. To understand **contextual barriers and facilitators** for the implementation of antibiotic stewardship, diagnostic stewardship and infection prevention and control measures in acute care hospitals in regions with high antimicrobial resistance prevalence;
- 2. To develop **generalisable knowledge** about the determinants influencing implementation of IPC, ABS and MDS practices in a diverse group of European hospitals;
- 3. To design and evaluate a **tailored implementation strategy** as compared with a standard implementation strategy as part of a type 2 hybrid implementation-effectiveness trial;
- To produce tools for implementing antibiotic stewardship and infection prevention and control, taking into account organisational culture, national strategies, and the hospital networks along their referral pathways;
- 5. To **engage regional and national stakeholders** in healthcare and politics to engage in antibiotic stewardship and infection prevention and control.



### WP5 - Tasks

- Task 5.1: Organisational culture and readiness for implementation of the REVERSE hospitals (month 6 –
   18)
- Task 5.2: Prospective identification of implementation determinants and development of tailored implementation strategies in ENHANCE study sites (month 12 24)
- Task 5.3: Training local implementation teams/onsite investigators (month 18 36)
- Task 5.4: Formative evaluation of implementation process in ENHANCE study sites (month 24 48)
- Task 5.5: Summative evaluation (month 48 60)
- Task 5.6: Tools for capacity building (month 36 60)
- Task 5.7: Networking and sustainability (month 12 40, 51)

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## WP5 – Linkages with and questions to discuss with other WPs

#### – WP 1

- Linkages: Joint conduct of readiness assessments; determinant identification; training of implementation teams; summative evaluation; capacity building & network development
- Questions: Can the measurement of selected implementation outcomes (e.g., feasibility, acceptability, fidelity) be integrated into our list of secondary outcomes?
- WP 3 (IPC) and WP 4 (ABS)
  - Linkage: We will support the implementation of interventions developed by WP 3&4
  - Questions: What will be the key components of each intervention? What will their implementation require? Will it be possible to tailor the interventions?

### – WP 6

- Linkage: We want to understand the costs of tailored implementation
- Questions: How can the cost efficiency/ effectiveness of tailoring be monitored and measured?
- WP 8 (ethics)
  - Linkage: Our data collection will need to be sufficiently captured in our study protocol
  - Questions: How will we develop a joint protocol to include all study details? And how will we register and publish this
    protocol as a group?



### **Any questions?**



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