

Implementation sustainability: A case study

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Implementation in the real world...it's complex





Traditional research focus on efficacy of interventions

Responsibility for evidence-informed care

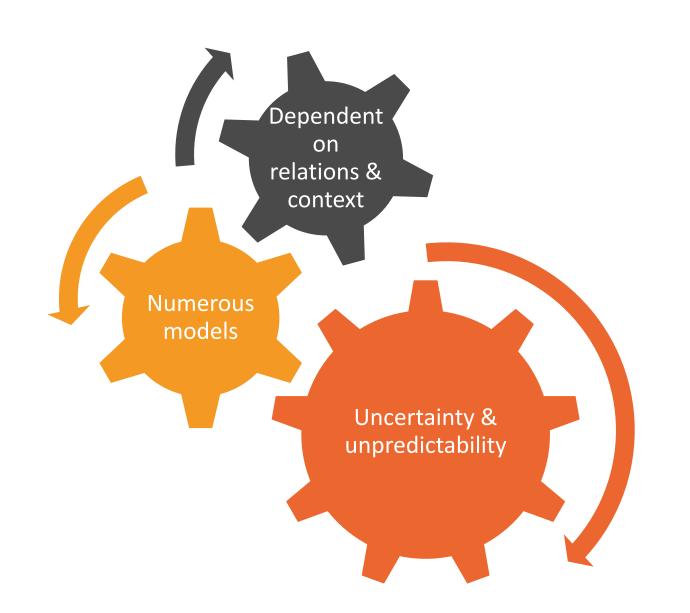
Creation of evidence

AND

Implementation of evidence into practice

We work in a complex adaptive system...





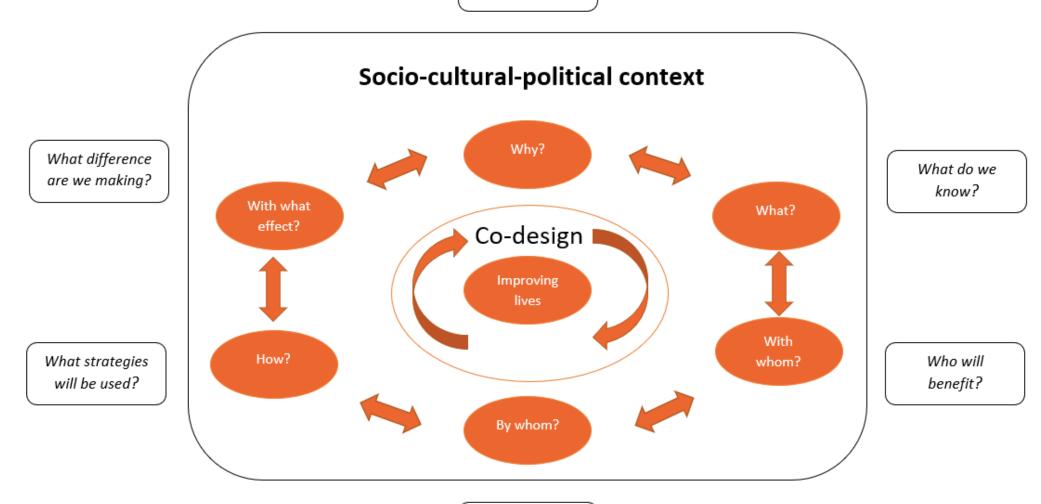
Challenging to operationalise



Implementation
Framework for
Aged Care (IFAC)

Bringing our values to life

Why do we need to change?

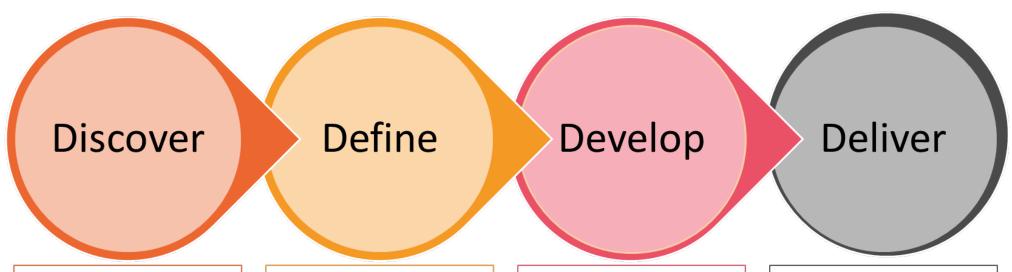


Ref: Meyer, C., et al. (2022). A codesigned fit-for-purpose implementation framework for aged care. Journal of Evaluation in Clinical Practice 28(3): 421-435.

Who will make the change?

Co-design framework





- Establish meaningful relationships
- Gather information, goals and insights
- Share experiences

- Synthesise findings to identify key areas to address
- Turn ideas into improvements
- Choose which improvements to make and how to make them
- Solutions created and prototyped

- Turn ideas into action
- Service, program or tool finalised and launched

Sustainability

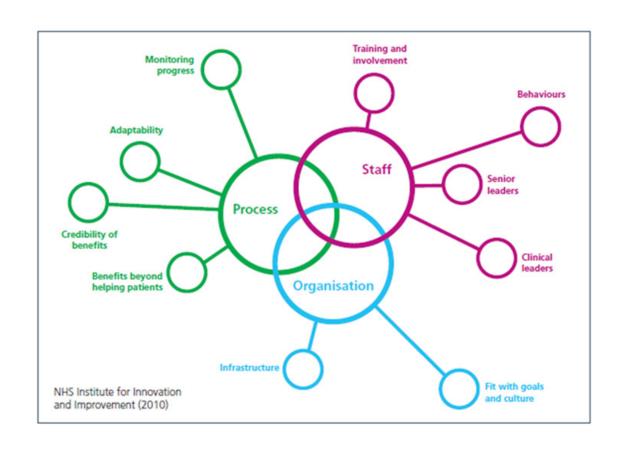


"A comprehensive definition of sustainability includes the following five constructs:

- (1) after a defined period of time,
- (2) the program, clinical intervention, and/or implementation strategies continue to be delivered and/or
- (3) individual behaviour change (i.e., clinician, patient) is maintained;
- (4) the program and individual behaviour change may evolve or adapt while
- (5) continuing to produce benefits for individuals/systems."

An evolution for IFAC...focus on sustainability





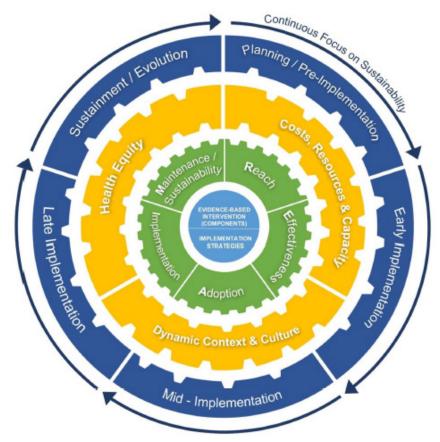
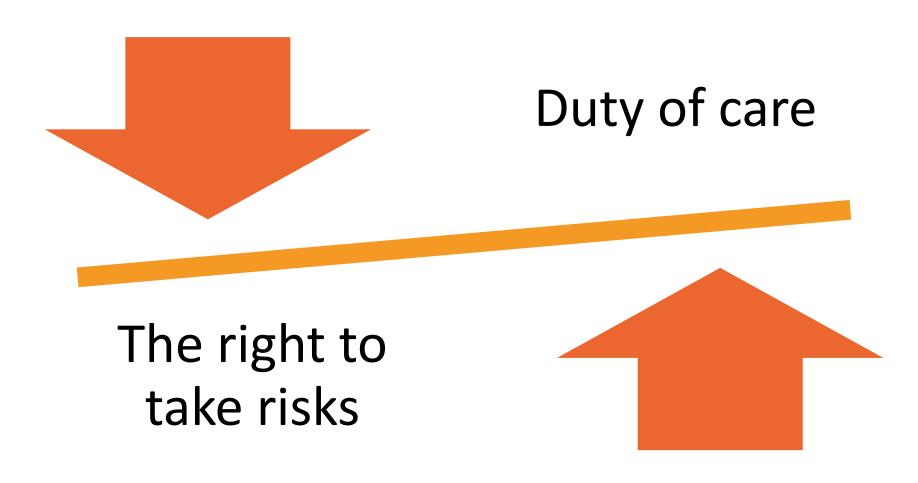


FIGURE 1 | An extension of FIE-AIM to enhance sustainability: Cross-outting issues and iterative application of FIE-AIM for sustainability, to guide adaptations and evolvability of EBIs/implementation strategies, address dynamic context, and promote equity across the life cycle of an EBI.

A case study - Enabling Choices

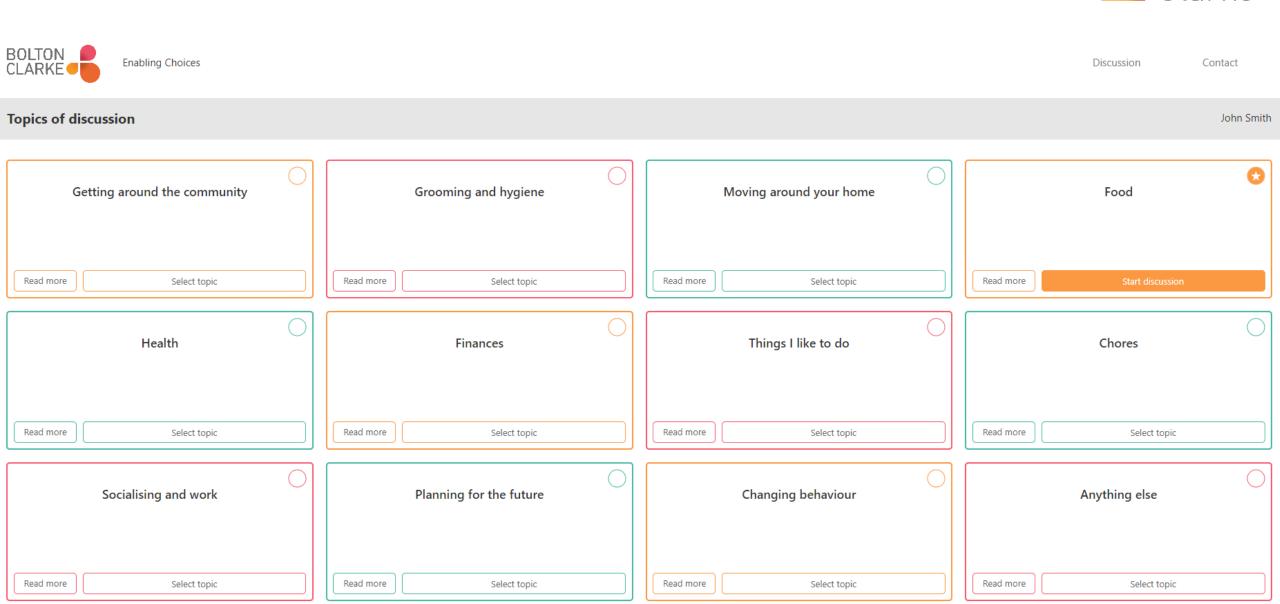


A gentle approach to difficult conversations



What does the tool look like?





Moving around



Getting around

Getting around the house, for example, moving from the bedroom to the kitchen.



∱_ Climbing stairs

Climbing up and down stairs where needed.



Getting up

Getting up from one position to another, from a bed or a chair.

Getting around



Driving

Drive safely from one destination to another



Walking

Walk on foot from one destination to another, this does not include walking around the house.



Public transport

Safely use public transport to get from one destination to another



Using another mode of transport to travel around, for example taxi, push bike ect.

Health



Managing medicines

Taking the correct medication/does of medication, as prescribed by you doctor.



Attending appointments

Getting to and from appointments



Exercise

Take part in some form of exercise, for example, walking, gym class ect.



Sleep

Getting enough good quality sleep each night.



Hearing

Being able to hear what is being said when spoken to.



Vision

Having the ability to see.

Evolution of *Enabling Choices*



2016 - 2018

Paper-based version co-designed with people with dementia, informal carers and community aged care staff 59 original areas of risk consolidated into 12 areas of activities of daily living

2019 - 2021

Conversion of the tool into a prototype electronic format through co-design with IS, CNCs, Ops Mx and SW Nine staff members provided individual feedback on ease of navigation/functionality and content

2021 - 2023

Testing with PwD and carers postponed due to Covid-19, then attempted with NSW HCP team Ready for implementation into practice, but implementation strategies unclear

2023 -2024

ARIIA funding received to test and compare implementation strategies across our Melbourne HCP teams Final data collection and analysis underway

Evolution of *Enabling Choices*



Gap analysis, including literature review and consumer input

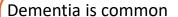
Formal co-design and iterative consultation

Proof of concept, prototype development, pilot work

Cluster upscale, with plans for broader upscale

Sustainability considerations





Skill and knowledge variable

Consumer dignity and choice

Being clear on 'why'

Training and development

Training needs analysis

Support of champions

SharePoint site with video

Staff access and licensing

Clear funding streams

Policies and procedures

Systems and processes

Communications

Engagement and visibility

Evidence of impact

Strategic alignment

Looking to the horizon for sustainability...





Identifying next round of clusters – working through contextual factors, unique implementation strategies and any need for adaptation

Backend solutions to be found – streamlined systems support staff to do their work

Ongoing communication of what is working well - if people living with dementia and their carers know about it and like it, then the confidence of staff will grow, with a ripple effect



Thank you

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