Failures in implementing evidence:

The potential for learning

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HOW TO IMPLEMENT?

- **Implementation Science**

"Implementation science was developed to meet the needs of turning theory into practice within health services" (Bauer et al, 2015).

- **CFIR** (*consolidated framework for implemantation research)*

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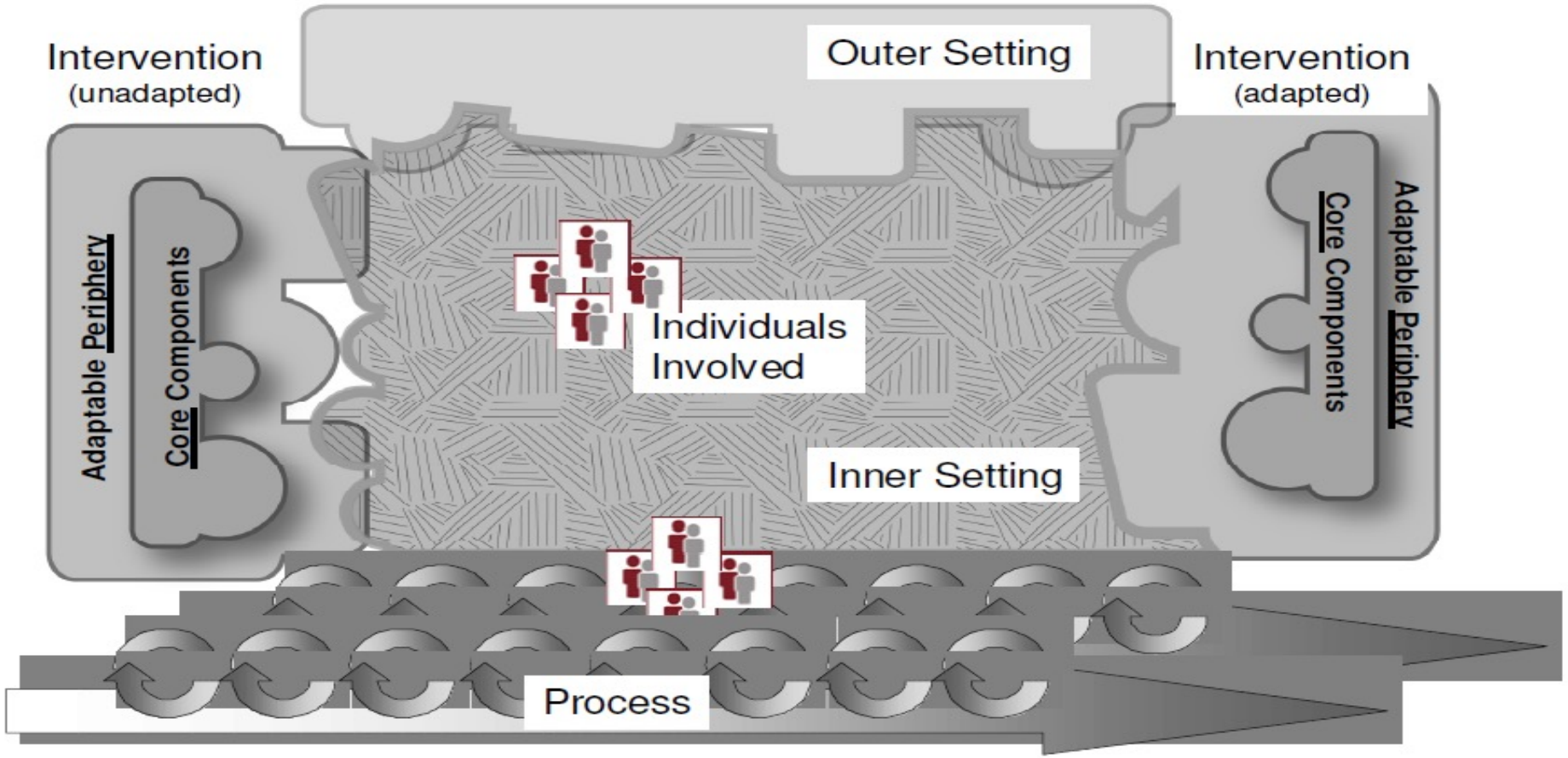
(Damschroder et al, 2022)

HOW TO IMPLEMENT?

- **Implementation Science: CFIR Domains** (Damschroder LJ et al, 2009/2022)



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HOW TO IMPLEMENT?

Innovation

Outer Setting

Inner Setting

Individuals

Implementation Process

Innovation

- **Strong and quality**
- **Present an advantage**
- **Be adaptable**
- **Can be tested**
- **Minimum possible complexity**
- **Lowest possible cost**
- **Be “well” presented**

THE EVIDENCE

- Reduction of Individual Vulnerability to adverse events related to transmission based precautions (TBP).

- Health education.

They supported the preparation of the COMEFE protocol.

ComEfe
Special Precautions
Effective Communication in Health

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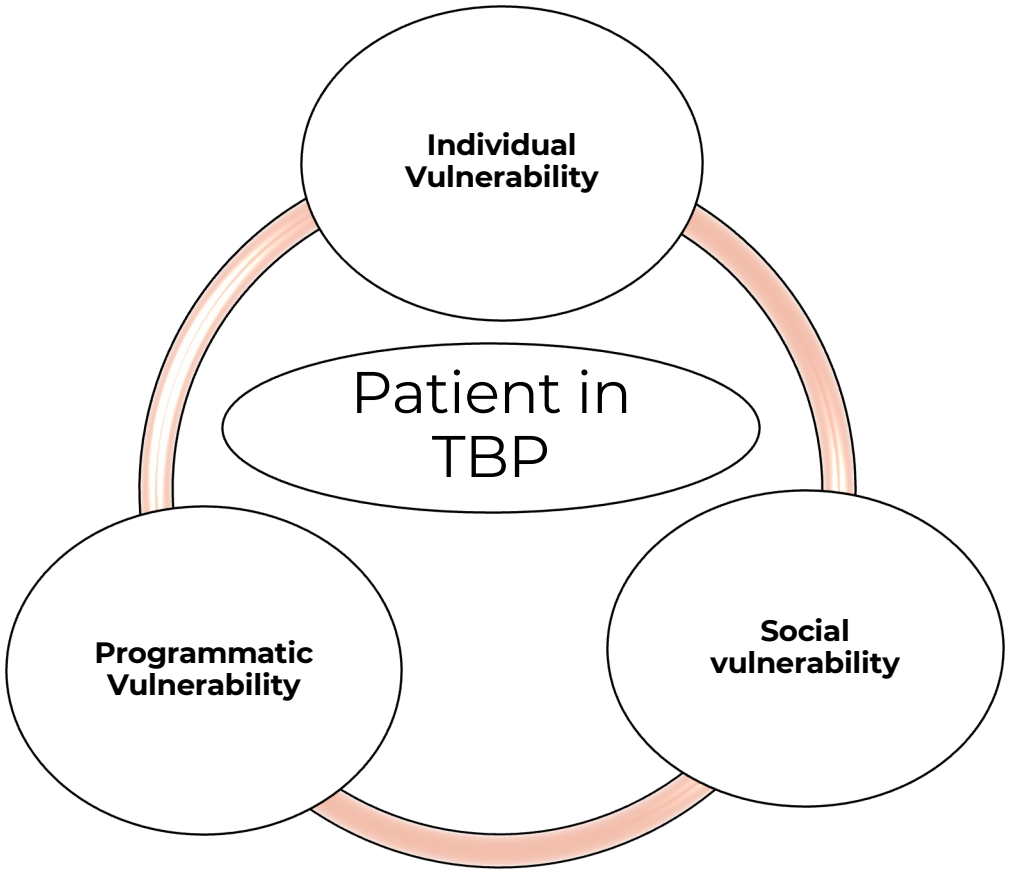
(Cogitare Enfermagem. Juskevicius; Padoveze, 2016) (http://petiras.org/mediaLibrary/folder/6)

THE EVIDENCE

- **Individual vulnerability:** This dimension of vulnerability is related to behavior, life experience, social environment, degrees of consciousness and the power of transformation that the individual holds.

- Individual conditions interfere with decision making.

- Involvement of individuals Patient safety.



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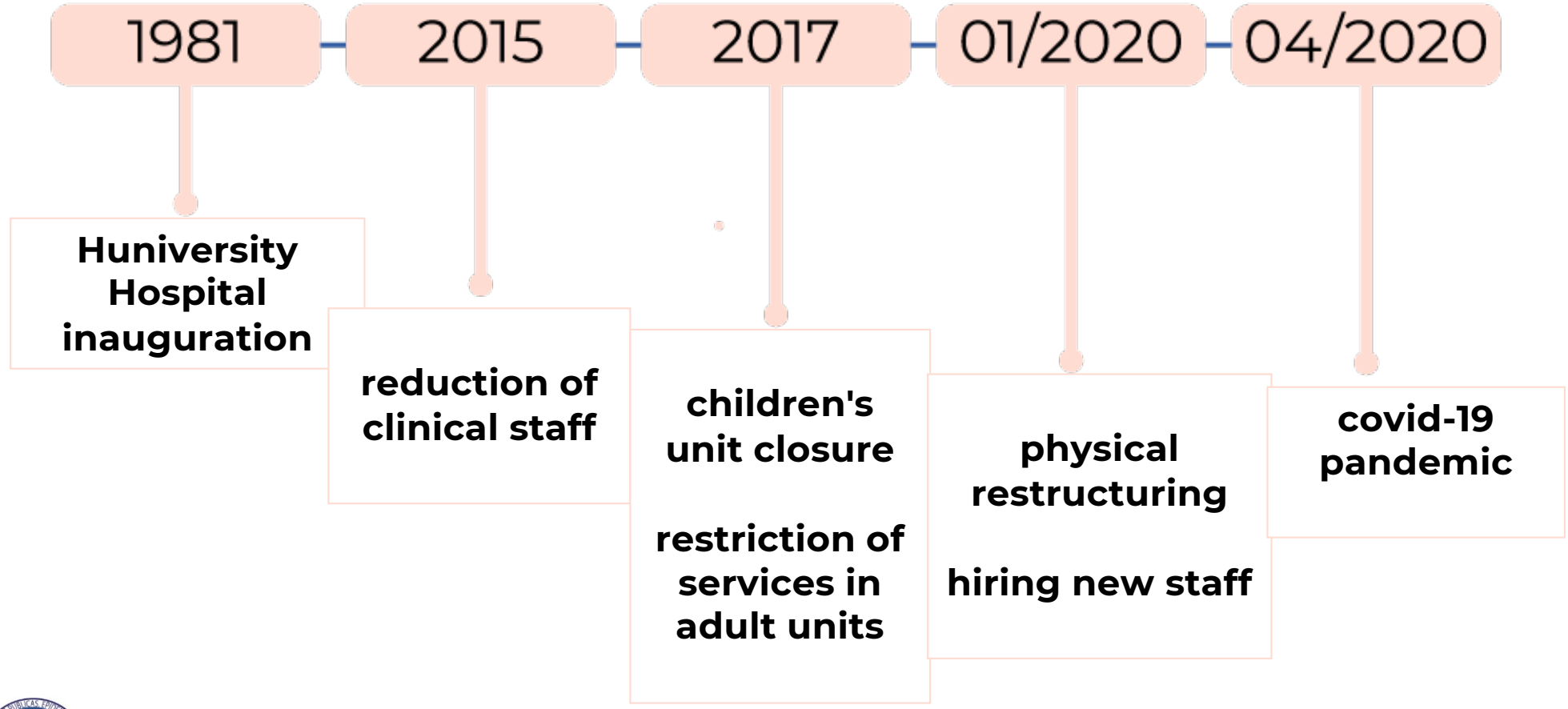
(Ayres et al., 2006; Bertolozzi et al., 2009; Nichiata et al., 2008)

Outer Setting

- **Consider health needs**
- **Find out how much the place cares about its image**
- **Know about policies**

Outer Setting

- **INSTITUTION SCENARIO AT THE TIME OF THE STUDY**



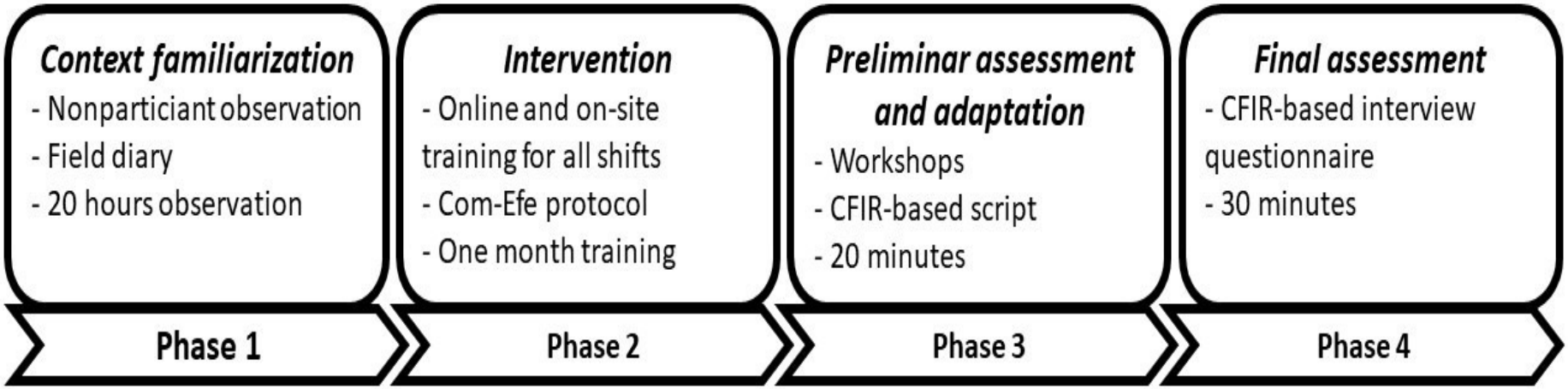
(Adusp, 2018; Margarido, 2020; Superintendência de Saúde da USP, 2020)

PROCESS

- **to plan**
- **Engage the right people**
- **Appoint leaders**
- **Identify Stakeholders (main supporters or not)**

PROCESS

- **Study Type:** Implementation Research
- It was applied in **four** sequential phases:



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PROCESS
To PLAN

- **Preliminary Phase: Planning**

September/2017

Com-Efe protocol proposal - three meetings with nursing supervisor from the CM and CC units; and with the SCIH team.

RESULTS: Received with good acceptance.

The health education procedure was carried out, but not systematized

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PROCESS – IMPLEMENTATION - RESULTS

Phase 2 – Design and implementation proposal

Meetings held in Feb, Mar, Apr, May/ 2019

Barriers and Facilitators highlighted in meetings with support services.

Obstacle	Forwarding	Barrier	Facilitators
in-person training	Contact with quality	Low adherence to training due to work overload	Support from the quality sector
patient involvement in their care	Stagnation	Negative beliefs	Acceptance of patient involvement
Implementation leader	Contact with ward nurses	Unidentified and a leader in the ward	
Trivialization of TBP measures	Stagnation	Audit standardization	Equipment available to prevent HAI

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Inner Setting

- **Know the structural characteristics**
- **Know the local form of communication**
- **Get to know the culture**
- **Understand the climate for implementation**
- **Understand the priorities**
- **Understand the tension to accept changes**
- **Understand leadership commitment**

Inner Setting

- **Scenario**

University Hospital of the University of São Paulo
Characteristics: Teaching hospital, comprehensive SUS care, reference for pedagogical activities.

Location: Medical clinic and surgical clinic.

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ASSESS THE CONTEXT

- **Phase 1: Context familiarization**

Through non-participant observation.

April/2018 – May/2018

- Objective: to understand the context for preparing the script for the semi-structured interviews that will be applied in the subsequent phases.

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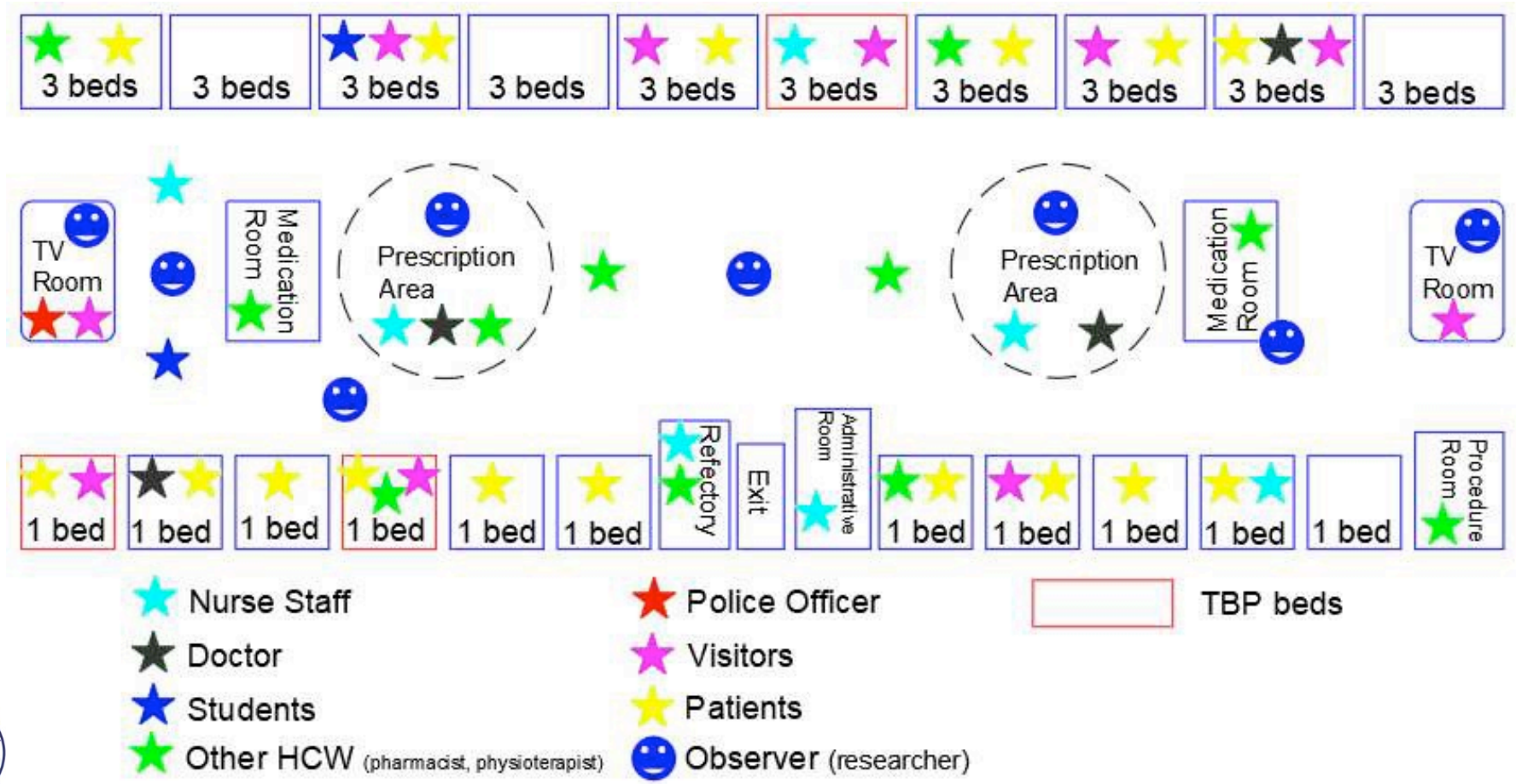
(Flick, 2013)

RESULTS – phase 1

- 10 observations - lasting 2 consecutive hours.

Summary of moments where individuals were observed by the researcher



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INDIVIDUALS

- **Know the beliefs**
- **Know the ability to execute actions**
- **Realize individual tension to accept changes**
- **Knowing the individual's identification with the values of the place**

INDIVIDUALS

- **Population:**

- The study's target audience was nurses working in the Medical Clinic (MC), Surgical Clinic (SC), Quality Service (QS) and Healthcare association infection Service (HAI).

- **Inclusion criteria:** nurses who provide health care directly or indirectly to individuals on TBP.

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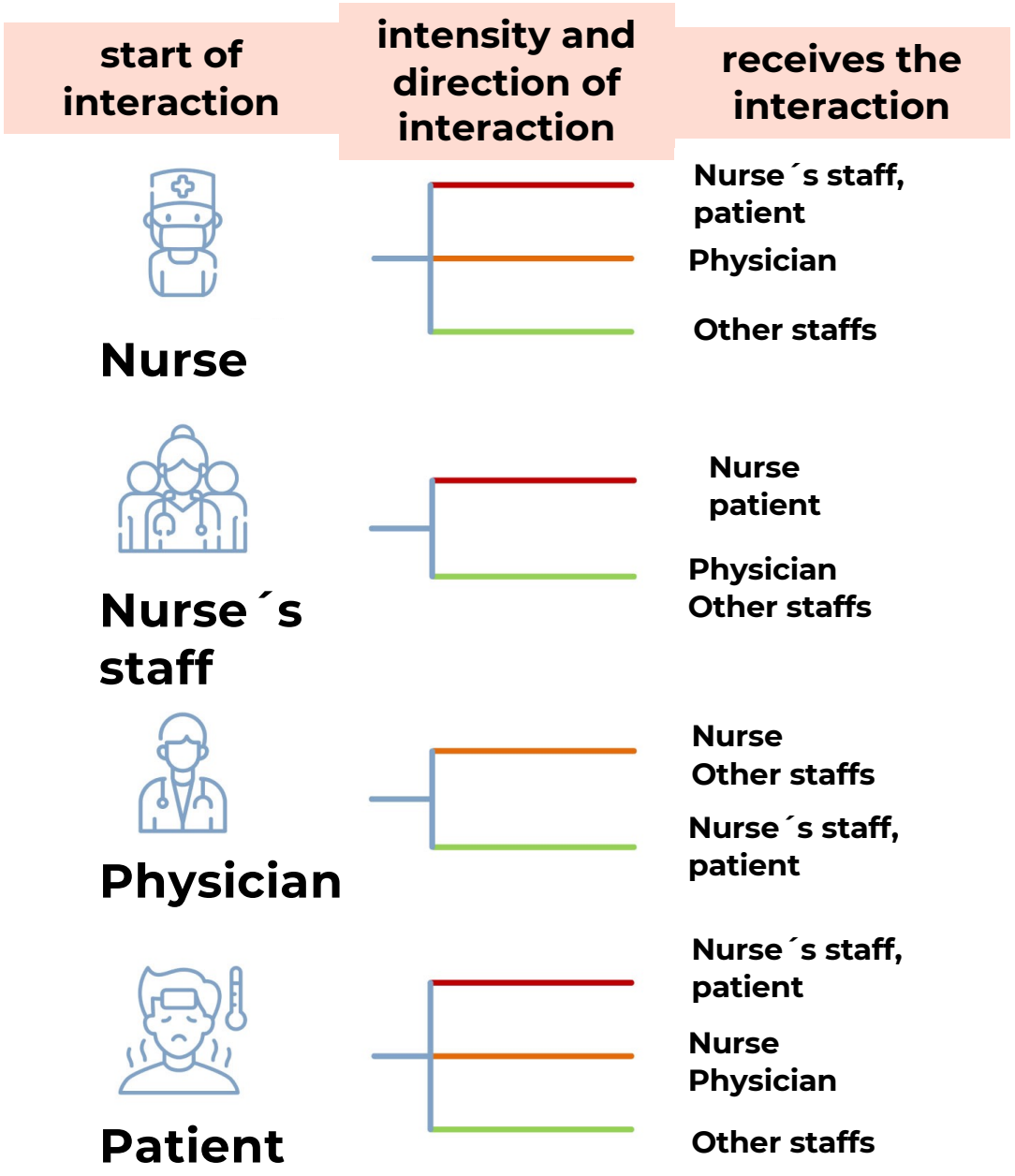
RESULTS – phase 1

Representation of the intensity and direction of interaction between individuals in the observed contexts.



Red - High intensity interaction.
Orange - Interaction of medium intensity.
Green - Low intensity interaction.

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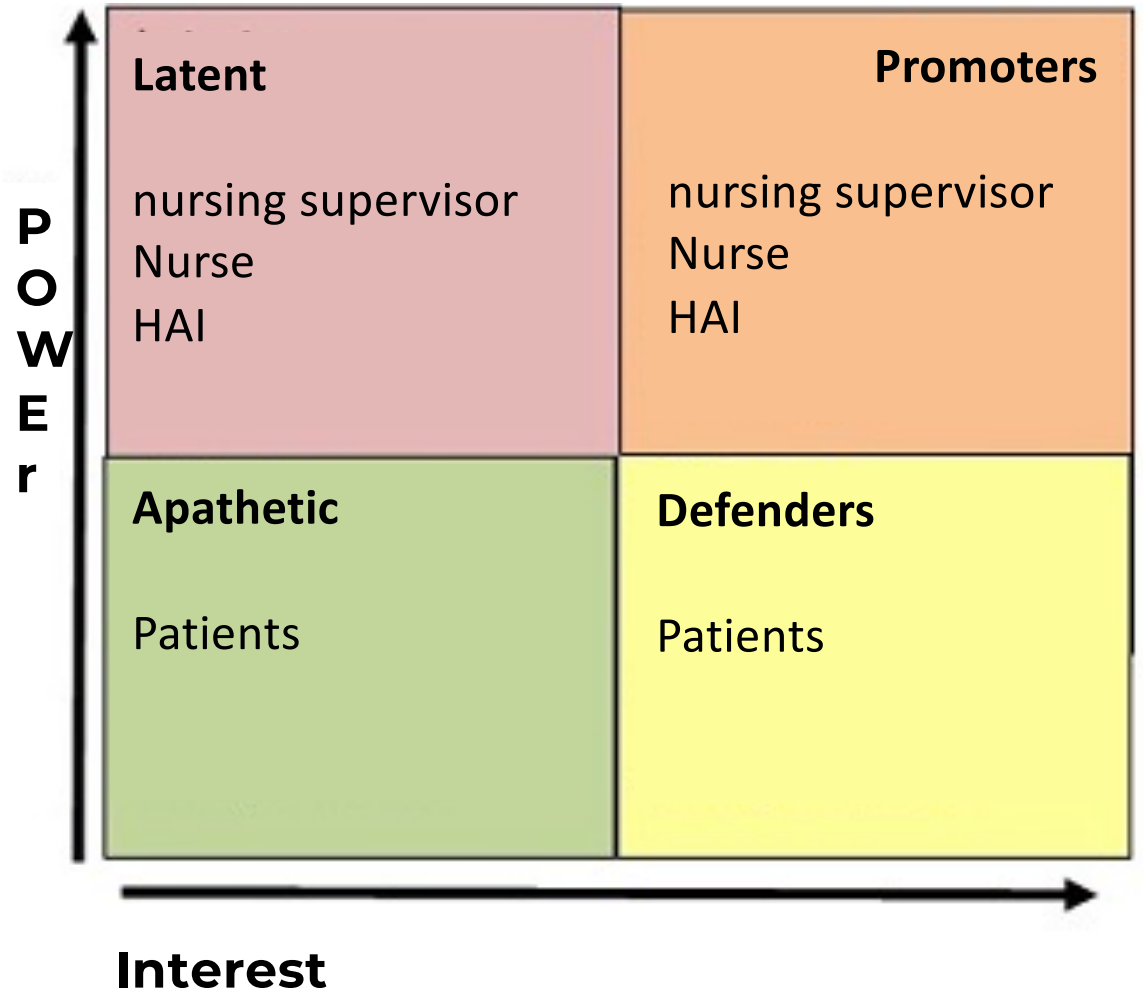
RESULTS – phase 1

- **Stakeholder Classification**



PROCESS – IMPLEMENTATION - RESULTS

- **Phase 2: Implementation proposal**

PROPOSAL DESIGN: HAI service and Quality service participation.

- **August/2019**

Training and delivery of material.

Formats: online and in-person.

PROCESS – IMPLEMENTATION - RESULTS

Online Training ⟶ accessed by 18% of the target audience.

In-person training ⟶ 100% adherence of nurses present in the ward.

Availability of materials:

Com-Efe Protocol
Effective communication seal
Promotion banner

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Phase 3: Analysis and adaptation of Com-Efe

September/2019

WORKSHOPS: in the sector, using a question guide, in order to identify barriers and facilitators in the Com-Efe implementation strategy. Duration of around 20 minutes.

Objective: to know which adaptations could influence the implementation strategy. The information obtained at this stage aimed to capture elements for the necessary adjustments to the Com-Efe protocol.

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Phase 3: Analysis and adaptation of Com-Efe - Results

Facilitators

- Relative advantage: “Having a protocol makes it easier”

Barriers

- Patient needs and resources: “There is no time to explain better to the patient”
- Learning climate: “We didn’t have time”
- Leadership commitment: “this unfortunately was lost, we said we would talk to the boss”

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Phase 3: Analysis and adaptation of Com-Efe - Results

December/2019 – January/2020

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(http://petiras.org/mediaLibrary/folder/6)

Phase 3: Analysis and adaptation of Com-Efe

- **Impact of the COVID-19 pandemic**

- The situation of the COVID-19 pandemic impacted the research in the data collection phase.
- It was planned that the interviews would take place in March 2020, when the closure actions began in the State of São Paulo related to the COVID-19 pandemic in the country, which caused the interviews to be postponed.

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Phase 3: Analysis and adaptation of Com-Efe - RESULTS

- **Impact of the COVID-19 pandemic**

- **June/2020:** Return to HU-SP with precautions

- The nurses only prioritized situations related to the COVID-19 pandemic, leaving non-urgent matters aside, not responding to attempts to schedule interviews.
- Nurses vaguely remembered about Com-Efe, while others knew nothing about it, despite there being reminders at prescription stations about the implementation of Com-Efe, such as the banner.

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Phase 3: Analysis and adaptation of Com-Efe - RESULTS

- **Phase 4: Implementation evaluation**
- **July/2020: Impact of the COVID-19 pandemic**

- Booster – google forms
- Sending an email for an interview invitation
- Scheduling phone interviews

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Phase 4: Implementation evaluation

- **INTERVIEWS:** via telephone, using a semi-structured script, in order to identify barriers and facilitators in the Com-Efe implementation strategy. Duration of around 30 minutes.

- **Objective:** to evaluate in depth the Com-Efe implementation strategy.

  - **Data collection instrument:** Qualitative Approach.

  - **A semi-structured questionnaire was used, with 30 questions.**

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Phase 4: Implementation evaluation

- The content analysis of the interviews highlighted beliefs and the perception of advantage in using Com-Efe as the main factors that could have facilitated adherence to the protocol.

- Among the barriers that emerged from the content analysis and that may have contributed to the implementation failure were the organizational climate and individual and leadership commitment.

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Phase 4: Implementation evaluation - RESULTS

Enablers

Origin of the intervention: “I believe it is based on evidence” “Just the fact that it comes from EEUSP”

Barriers

Implementation climate: “I think the work dynamics got in the way”

Individual internship for change: “I made little commitment” “I didn’t dedicate myself completely”

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LESSONS

Lessons learned in the implementation of Com-Efe, according to CFIR domains and constructs.

CFIR	MAIN LESSONS LEARNED
I. Characteristics of the intervention	
Origin of the intervention	Non-involvement with the implementation proposal
Strength and quality of evidence	Familiarization with robust scientific evidence contributed to promoting engagement of the main stakeholders.
Relative advantage	Unnoticed advantage when using Com-Efe

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SUGGESTIONS

Suggestions for future Com-Efe implementation strategies, according to CFIR domains and constructs.

CFIR	FUTURE SUGGESTIONS
I. Characteristics of the intervention	
Origin of the intervention	Engage, from the beginning, the main stakeholders; Identify opinion makers and leaders to form partnerships; Provide support throughout the implementation strategy.
Strength and quality of evidence	Present scientific evidence; Develop innovative strategies, however, with compatibility, as close as possible to what is already done; Present external or internal examples of success.
Relative advantage	Culture of patient-centered care; Highlight the benefits.

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LESSONS

Lessons learned in the implementation of Com-Efe, according to CFIR domains and constructs.

CFIR	MAIN LESSONS LEARNED
II. Outer setting	
Patient need	Different perceptions regarding patient needs
Peer pressure	The use of the intervention in other benchmarking institutions influences implementation

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SUGGESTIONS

Suggestions for future Com-Efe implementation strategies, according to CFIR domains and constructs.

CFIR	FUTURE SUGGESTIONS
II. Outer setting	
Patient need	Evaluate the perception of professionals; Develop diversified strategies for dissemination and team training.
Peer pressure	Identify whether there is competitive pressure; Develop strategies to integrate experiences from other services.

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LESSONS

Lessons learned in the implementation of Com-Efe, according to CFIR domains and constructs.

CFIR	MAIN LESSONS LEARNED
IV. Characteristics of individuals	
Individual stage of change	Large variations in the degree of individual commitment

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SUGGESTIONS

Suggestions for future Com-Efe implementation strategies, according to CFIR domains and constructs.

CFIR	FUTURE SUGGESTIONS
IV. Characteristics of individuals	
Individual stage of change	Identify whether the individuals involved in the context are receptive; Identify whether they perceive the current situation as a need for change; Identify the influence of each of the main stakeholders in order to direct intervention planning.

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LESSONS

Lessons learned in the implementation of Com-Efe, according to CFIR domains and constructs.

CFIR	MAIN LESSONS LEARNED
V. Process	
Leadership	The degree of leadership involvement

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SUGGESTIONS

Suggestions for future Com-Efe implementation strategies, according to CFIR domains and constructs.

CFIR	FUTURE SUGGESTIONS
V. Process	
Leadership	Identify whether the use of the intervention is supported by leaders; Establish preliminary contacts with service leaders and include them in the implementation planning process; Identify whether the intervention fits the organization's culture in terms of the demands on leadership.

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EVALUATION SUMMARY

• The implementation of Com-Efe was characterized as a failure, as it was not incorporated into the wards routines during the study period.

Origin of the intervention → Recognition to the researcher

↘ The need did not come from the institution

Institutional incorporation: current context of HU-SP did not occur

→ non-involvement of leaders

Concept of Effective Communication

→ lack of understanding

→ focus on prescriptive actions

Engagement of key stakeholders
Needs focus on analysis of this group

CONCLUSION

- The **context** in which the protocol implementation was carried out proved to be **complex**, **presenting barriers** from the beginning of the process, **which could not be overcome** by the extant enablers factors and the adopted implementation strategies.

- In this study, we identified that one of the main barriers to the full implementation of the Com-Efe protocol was the **difficulty in incorporating the central element**, the concept of vulnerability, which seeks to reduce adverse events related to TBP, through a dialogical relationship between HCWs and patients.

- Relevant **barriers referring to the institutional context** also had a **negative influence**.

MAIN LESSON

- **The lessons learned in this study allowed us to:**

- development of strategies to generate awareness of patient-centered care, maintaining a patient's autonomy and seeking a dialogical process for the patient's engagement.

- Identify whether intervention fits the organization's culture in terms of demands.

- When planning implementation, consider political-economic status of institution.

PRODUCTIONS

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Points raised as most relevant by readers

- FAILURES initiative - People do not usually publish when results are considered “failures”.

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April 25, 2024	**FLEXIBLE ENDOSCOPE REPROCESSING: FOCUS ON CORRECTING KEY WEAKNESSES** Speaker: **Prof. Michelle Alfa**, AlfaMed Consulting, Canada
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