Key Considerations and Lessons Learned in Developing an Implementation Field Guide

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ADAPT
DURHAM CENTER OF INNOVATION TO ACCELERATE DISCOVERY AND PRACTICE TRANSFORMATION

VA Durham VA Health Care System

Speaker Introductions

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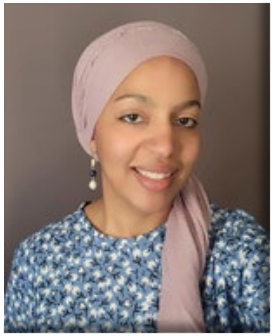

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Individuals involved

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- Leah Zullig, PhD

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- Erin Finley, PhD, MPH
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POLL QUESTION

Please select your role (select all that apply)

- Implementation Specialist
- Principal or Co-investigator
- Project Coordinator/Manager/Director
- Research Assistant
- Other (please put in Q&A)

Presentation Objectives

1. Describe our processes for developing an implementation field guide
2. Summarize key considerations in developing this implementation field guide

What is a field guide?

A methodological and procedural document

- Pragmatically address implementation processes and challenges
- Helps clinical and research staff and administration across sites to develop common understanding around the program
- Invites collaborators to investigate and respond to opportunities and challenges in the implementation process

Presentation Agenda

1. Introduction to the project
2. Defining the Goals of Our Field Guide
3. Expert Guidance and Relevant Models
4. List of Key Considerations in Creating a Field Guide

Introduction to the Project

TEAM/TEAM for Women Veterans

VHA | OFFICE OF RURAL HEALTH

Team-Supported
EHR - Leveraged
Active
Management
for **Women Veterans**

Team-Supported
EHR - Leveraged
Active
Management
for **Hypertension**

Project Context: TEAM

Who

- Interventionist = Population Health Manager (PHM)

What

- Evidence based program to improve blood pressure

Why

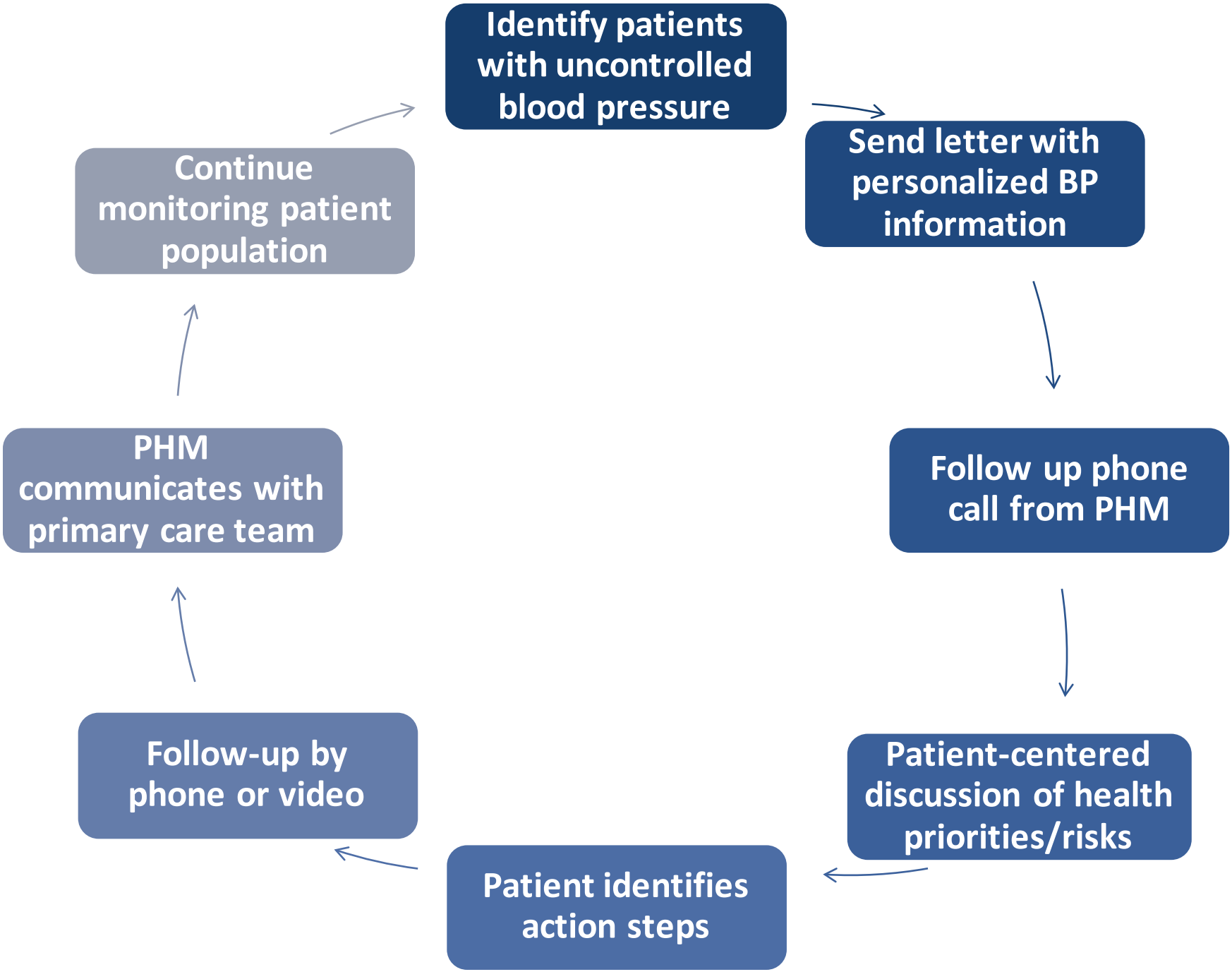
- Improve blood pressure in Veterans with high blood pressure

Where

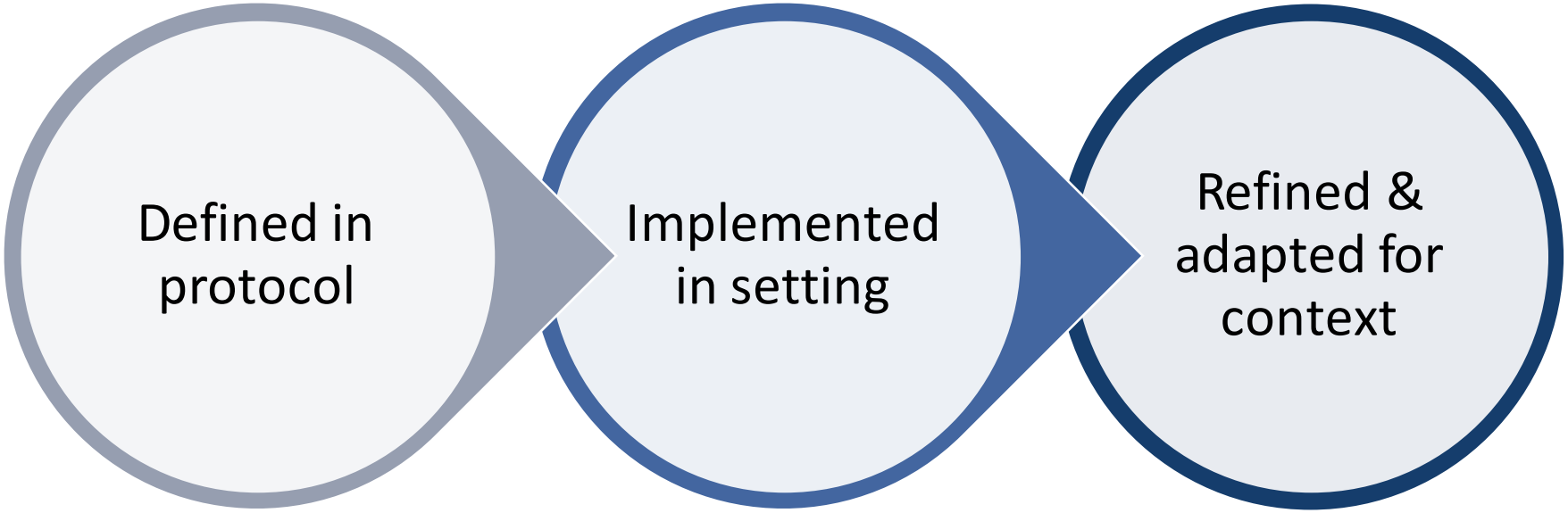
- VA primary care clinics

How

- Light touch, population-health program via telehealth


Identify patients with uncontrolled blood pressure
Send letter with personalized BP information
Follow up phone call from PHM
Patient-centered discussion of health priorities/risks
Patient identifies action steps
Follow-up by phone or video
PHM communicates with primary care team
Continue monitoring patient population

Why a field guide?



Defining the Goals of Our Field Guide

Field Guide Goals:

1. Increase consistency in the training and resources offered to PHMs
2. Encourage appropriate clinical and administrative support for the PHMs within their local clinics
3. Increase awareness and accessibility of TEAM support available through the Durham team
4. Encourage sharing and tailoring of TEAM materials to meet the needs of participating clinics at each site

Brainstorming our Field Guide

Goals & Purpose of TEAM field guide

- Appealing and useful
- Support an implementation plan
- Help sites and individuals to ask the right questions during implementation

Process for developing the TEAM field guide

- Do not recreate the wheel
- Should be developed as a living document

1. Literature Review
2. Expert Guidance
3. Relevant Models

Narrative Review

Developed search terms

- E.g., “Toolkit”, “Field Guide”, and “Playbook”

Conducted searches

- PubMed, Google Scholar, Google

Completed an annotated bibliography

- Each category of search terms had a separate annotated bibliography

A field guide by any other name…

Many names for similar ideas

- Implementation toolkits, standard operating procedures manual, field guide, playbook

All get at similar ideas:

- How do we successfully implement projects at program sites with diverse individuals?
- How do we incorporate the project into clinical workflow to decrease burden of participating?
- How can we ensure fidelity to core components across sites of a program?
- How do we equip our partners with user-friendly implementation guides for potential spread of innovations?

Summary of Findings

No single accepted term or definition

No definitive format, but some recommendations for content

- *CalSWEC*'s "How to build an implementation toolkit from start to finish"
- Godinho et al., 2021
- Hempel et al., 2019

Variation in the processes used for development

Limited and mixed data on effectiveness

- At least 4 published reviews describing "toolkit" effectiveness

Summary of Findings

Addressed common questions in lay language:

- What is [*TEAM*]?
- Why should we hire a [*population health manager*]?
- How do we implement [*TEAM*]?
- How should we sustain the [*TEAM*] program?
- What frameworks, models, and theories exist about [*implementing a telehealth program, improving blood pressure control in our clinic*]?
- How do we evaluate [*TEAM*]?

Summary of Findings

Resources available to support the implementation program:

- Local resources
- Regional resources
- National resources

Provides clarity on:

- Who is the field guide audience?
- What does this document need to achieve?
- What should be included in this document?
- Who is using the document, to do what, and to what end?

POLL QUESTION

I have used or developed this type of guide in my work.

- YES
- NO

If yes: what have you called these documents?

(enter your responses in the Q&A)

Expert Guidance and Relevant Models

Expert Guidance

Consulted experts in:

- Evidence based quality improvement (*n*=1)
- Implementation science (*n*=6)
- Collaborator engagement, community engaged research (*n*=1)
- Implementation of multi-site programs at VA (*n*=3)

Semi-structured meetings

- Specifically sought guidance on how our literature search findings aligned with their practical experiences of field guide development/use
- Discussed our plan for developing a field guide for TEAM

Major Discussion Points: Content

Clear description of TEAM

- What are the essential TEAM practices that clinics must adhere to?
- What can be changed to accommodate local needs/preferences?

Information and materials to gain buy-in for TEAM

- What is the value-add of the program?
- How does TEAM leverage what is currently being used in the VHA to improve HTN?

Additional implementation content for TEAM

- Information and materials to gain buy-in for the field guide
- Roles in TEAM implementation and the tasks associated with role
- Narrative examples of common TEAM implementation processes

Major Discussion Points: Process

The field guide user

- Who is the primary user?
- How will they access and use the field guide?
- How to engage primary users in field guide development and maintenance?

TEAM site context and settings

- What are the factors in the organizational context that are influencing whether TEAM partners succeed in their work?

Major Discussion Points: Process

Resources needed for a "living" field guide

- Effort for development and maintenance
- Process for refining based on insights from the TEAM clinics and the Veterans

Awareness of relevant models and frameworks

- Differentiating process models to guide TEAM implementation vs. models to guide field guide development
- Identify if there VHA preferred models/frameworks

Exploring Relevant Process Models

Various models discussed in expert meetings

- Suggested that population health managers (PHMs) and their supervisors may be more familiar with nursing supported models

VHA Office of Nursing Services recommended models

- Iowa Model
- Johns Hopkins Model
- Advancing Research and Clinical practice through close Collaboration (ARCC) Model

Identified models

- All recommend use of “implementation” or “action” plans for practice changes

Exploring Relevant Models for Field Guide Development

Reviewed models and frameworks for guidance on field guide contents

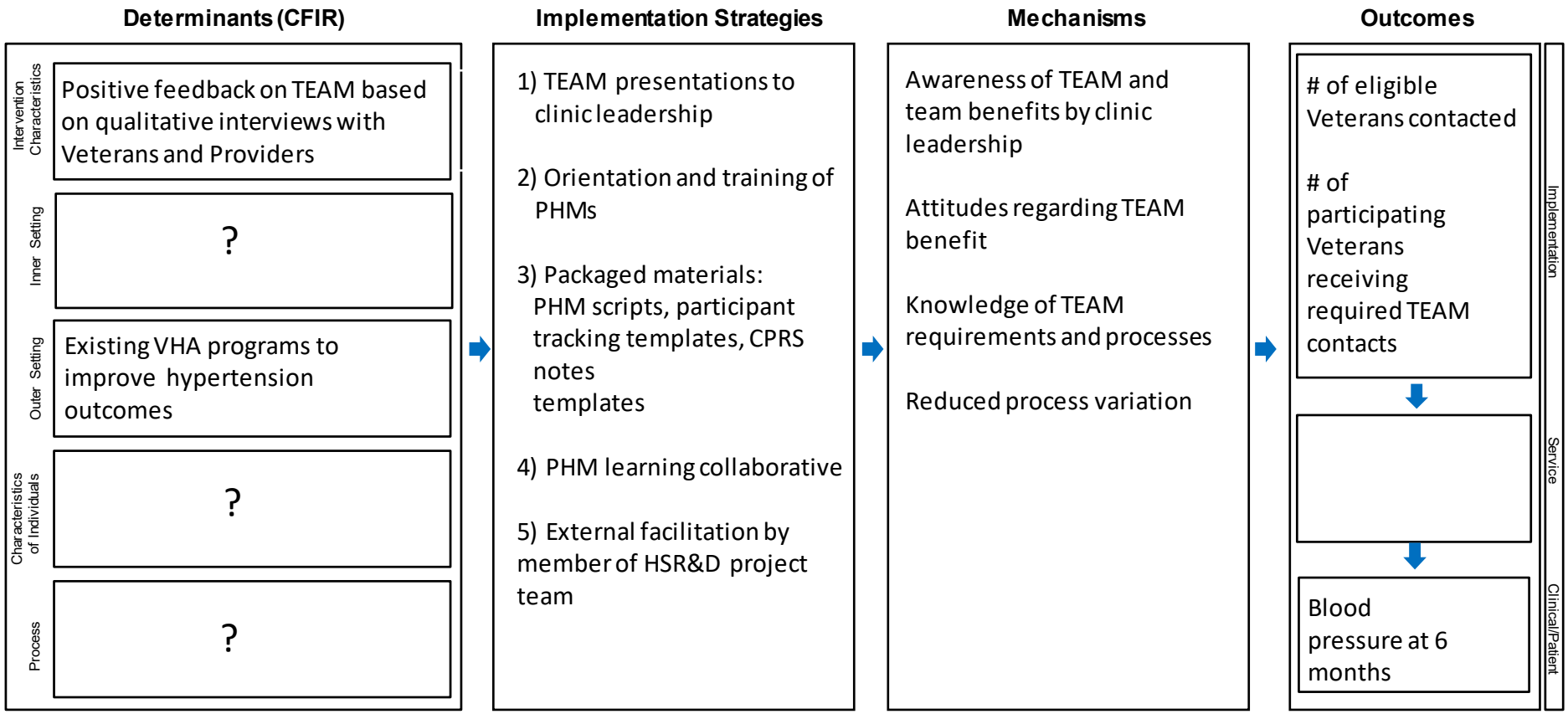
- Implementation science frameworks are high-level conceptual models, not always well fit to operational needs

Implementation Research Logic Model (Smith et al., 2020)

- Forced us to distinguish implementation support offered by Durham QI team from implementation practices at TEAM sites
- Highlighted our limited information on practice determinants at each site
- Lack of clarity on adaptations to TEAM that had occurred since the pilot demonstration

Implementation Research Logic Model (IRLM)

Project Title: TEAM - Field Guide Exercise



Smith, Rafferty & Li, 2020

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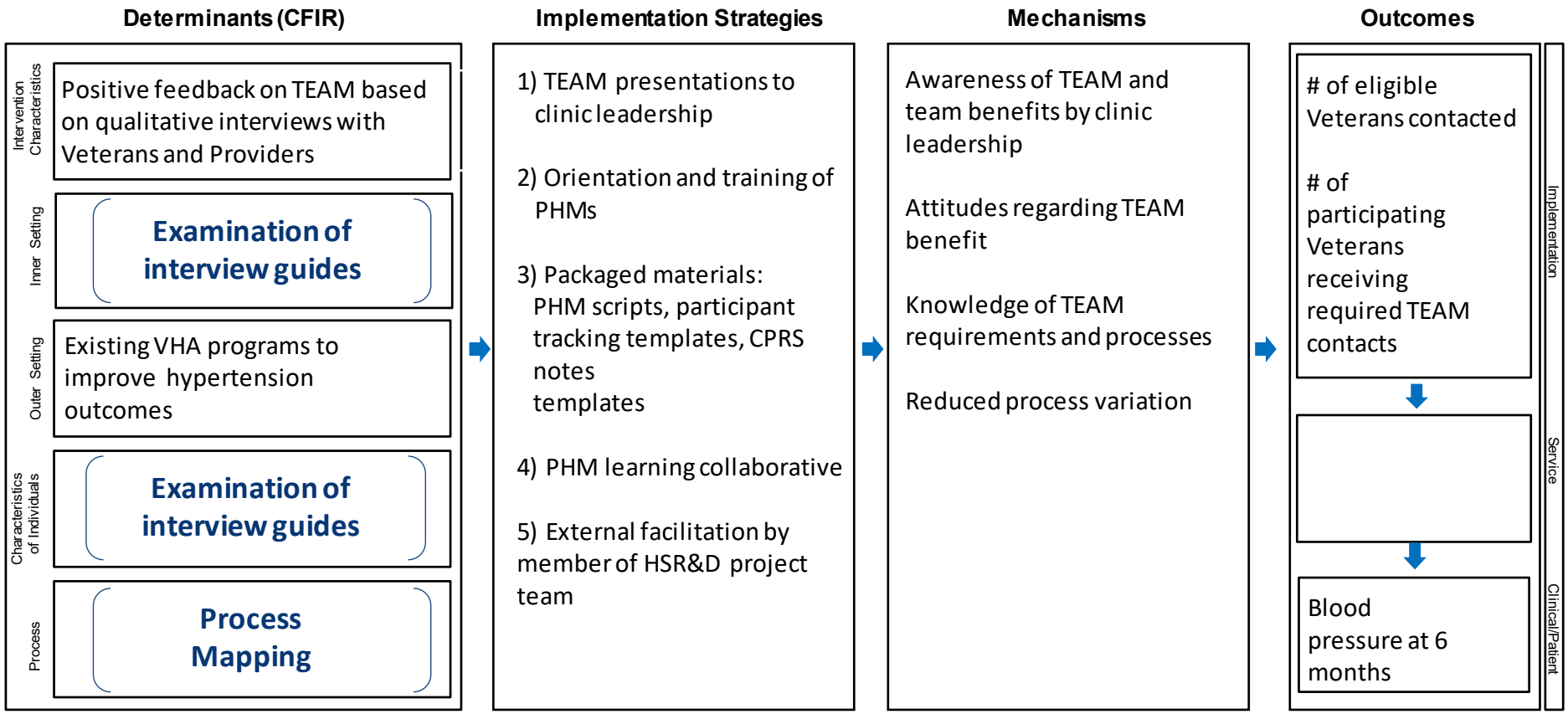

Smith, Rafferty & Li, 2020

List of Key Considerations in Creating a Field Guide

Key Consideration #1: Program Identification

Aims

- Identify core & adaptable components and implementation processes of the program
- Define the roles and functions of the key players

Questions to ask yourself & your team

- Who is involved?
- What are those peoples' roles and responsibilities?

Tip!

- Process Mapping can be used to build consensus and understanding of activities, roles, and responsibilities

Key Consideration #2: Intent

Aims

- Identify what the field guide is intended to do for the project
- Helps determine sections of the field guide and what information should be included

Questions to ask yourself & your team

- What do we want the field guide to do for our project?
- What do we want each section of the field guide to accomplish?

Tip!

- Use this opportunity to understand key collaborator needs for purpose, content, and format

Key Consideration #3: Audience

Aims

- Ensure needs of all potential guide users are addressed
- Enable targeting of ‘modules’ or ‘parts’ of the field guide to specific audiences with roles in project implementation

Questions to ask yourself & your team

- Who is this field guide for?
- What do we want this field guide to do for them?

Tip!

- Field test components of the field guide with collaborators to ensure helpfulness and relevance

Key Consideration #4: Ownership

Aims

- Identify ownership of the field guide
- Help determine the scope of the field guide

Questions to ask yourself & your team

- Who owns the field guide development process?
- Whose effort should be used to develop, refine, manage the field guide?

Tip!

- Think of the field guide owner as the point person and “champion” of the guide, coordinating field guide development, usage, maintenance and feedback

Key Consideration #5: Priority

Aims

- Develop the field guide in the context of the larger program's activities
- Align development of the field guide with overall project timeline and site enrollment

Questions to ask yourself & your team

- What are the priorities for information to include in the field guide?
- Are there priorities for certain roles and/or responsibilities?

Tip!

- Obtaining consensus on what should be developed and when can help keep the project moving forward in a timely fashion

Key Consideration #6: Resources

Aims

- Identify resources (e.g., tools, templates, protocols) available for developing the field guide
- Help to collate and catalogue resources, including developing storage and access

Questions to ask yourself & your team

- What documents already exist?
- Who can I go to and ask questions about content, roles, and processes?

Tip!

- Work as a team to identify and catalogue the resources available and already created

Key Consideration #7: Outcomes

Aims

- Describe how you will measure if the field guide is helpful, effective, useful, or not
- Identify the proximal and distal outcomes of interest

Questions to ask yourself & your team

- What data do we want to collect about usability of the field guide?
- How should we evaluate the impact of the field guide?
- What do we do with conflicting information on usability?

Tip!

- Plan for outcome measurement when first developing and/or implementing the field guide

Applying the Key Considerations

Focus on field guide usage

- Easy to use & informative for the end-user
- Updated routinely
- Addresses ‘fit’ and ‘context’

Refine the development process

- Effort to make a field guide is large – need to align expectations with time/effort/budget
- Prioritize important content

4 Major Lessons Learned

1. **Consider reviewing key literature:** understanding the mechanisms, utility, and examples of field guides can help you structure yours

2. **Plan ahead:** Start the field guide process early; it takes time to collect, curate, and manage information from multiple sources and collaborators

3. **Co-creation:** Early and continuous engagement with intended field guide users is essential for developing useful content

4. **Focus on the added value:** Thinking with the end-user and outcomes in mind is an essential part of identifying how to make a 'living document' that helps with implementation

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Team-Supported EHR - Leveraged Active Management for Hypertension

Team-Supported EHR - Leveraged Active Management for Women Veterans

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EMPOWER QUERI

Function QUERI
Optimizing Function and Independence Quality Enhancement Research Initiative

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Center for the Study of Healthcare Innovation, Implementation & Policy

References

- Barac, R., Stein, S., Bruce, B., & Barwick, M. (2014). Scoping review of toolkits as a knowledge translation strategy in health. BMC Medical Informatics and Decision Making, 14, 121. https://doi.org/10.1186/s12911-014-0121-7
- Dang, D., Dearholt, S., Bissett, K., Ascenzi, J., & Whalen, M. (2022). Johns Hopkins evidence-based practice for nurses and healthcare professionals: Model and guidelines. 4th ed. Sigma Theta Tau International.
- California Social Work Education System (CalSWEC). (n.d.). How to build an implementation toolkit from start to finish. https://calswec.berkeley.edu/toolkits/implementation-toolkits/how-build-implementation-toolkit-start-finish
- Drake, C., Lewinski, A.A., Rader, A., Schexnayder, J., Bosworth, H.B., Goldstein, K.M., Gierisch, J.M., White-Clark, C., McCant, F., Zullig, L.L. Addressing hypertension outcomes using telehealth and population health managers: Adaptations and implementation considerations. Current Hypertension Reports. (In Press).
- Godinho, M. A., Ansari, S., Guo, G. N., & Liaw, S. T. (2021). Toolkits for implementing and evaluating digital health: A systematic review of rigor and reporting. Journal of the American Medical Informatics Association, 28(6), 1298–1307. https://doi.org/10.1093/jamia/ocab010
- Hempel, S., O'Hanlon, C., Lim, Y. W., Danz, M., Larkin, J., & Rubenstein, L. (2019). Spread tools: a systematic review of components, uptake, and effectiveness of quality improvement toolkits. *Implementation science : IS*, *14*(1), 83. https://doi.org/10.1186/s13012-019-0929-8

References

- Hempel, S., Miake-Lye, I., Brega, A. G., Buckhold, F., 3rd, Hassell, S., Nowalk, M. P., Rubenstein, L., Schreiber, K., Spector, W. D., Kilbourne, A. M., & Ganz, D. A. (2019). Quality improvement toolkits: Recommendations for development. American Journal of Medical Quality, 34(6), 538–544. https://doi.org/10.1177/1062860618822102
- Iowa Model Collaborative. (2017). Iowa model of evidence-based practice: Revisions and validation. Worldviews on Evidence-Based Nursing, 14(3), 175-182. doi:10.1111/wvn.12223
- Jazowski, S. A., Bosworth, H. B., Goldstein, K. M., White-Clark, C., McCant, F., Gierisch, J. M., & Zullig, L. L. (2020). Implementing a population health management intervention to control cardiovascular disease risk factors. Journal of General Internal Medicine, 35(6), 1931-1933. doi:10.1007/s11606-020-05679-4
- Lewinski, A. A., Bosworth, H. B., Goldstein, K. M., Gierisch, J. M., Jazowski, S., McCant, F., . . . Zullig, L. L. (2021). Improving cardiovascular outcomes by using team-supported, EHR-leveraged, active management: Disseminating a successful quality improvement project. Contemporary Clinical Trials Communications, 21, 100705. doi:https://doi.org/10.1016/j.conctc.2021.100705
- Melnyk B.M. & Fineout-Overholt E. (2011) Evidence-based practice in nursing and healthcare: A guide to best practice. (2nd ed.). Philadelphia: Wolters Kluwer.
- Smith, J. D., Li, D. H., & Rafferty, M. R. (2020). The Implementation Research Logic Model: A method for planning, executing, reporting, and synthesizing implementation projects. Implementation Science, 15(1), 84. https://doi.org/10.1186/s13012-020-01041-8
- Yamada, J., Shorkey, A., Barwick, M., Widger, K., & Stevens, B. J. (2015). The effectiveness of toolkits as knowledge translation strategies for integrating evidence into clinical care: a systematic review. BMJ Open, *5*(4), e006808. https://doi.org/10.1136/bmjopen-2014-006808

Thank you!

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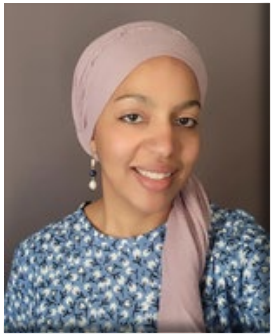

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