

From Concept to Reality: Replicating Effective Programs in the Function QUERI Program



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Discovery and Practice Transformation**

Presentation Outline

- Function QUERI overview
- Introduction to implementation framework and strategy
- Definition of teams
- What is REP?
- REP activities for Function QUERI
- Benefits and Challenges of using the REP framework

POLL QUESTIONS

What is your familiarity with implementation science? (check all that apply)

- Led an implementation project.
- Participated in an implementation project.
- Heard of implementation, but no experience.
- Never heard of it.

What is your role? (check all that apply)

- Clinician
- Investigator
- Evaluator
- Research Staff
- Other



Optimizing Function and Independence QUERI Program

Leadership: Hastings, Van Houtven, Allen, Wang

Goal: to implement and evaluate evidence-based clinical programs focused on maximizing function and independence in vulnerable Veterans

Components: 1) programs for implementation
2) implementation and evaluation

Partners: Geriatrics and Extended Care, Caregiver Support, Rehab, Voluntary Services

Programs for Implementation: What is Being Implemented?

1. Group Physical Therapy (PT) (Allen)

- Group-based PT sessions for knee osteoarthritis
- Clinical Problem: Limited access to outpatient PT services

2. STRIDE (Hastings)

- Supervised walking program for hospitalized older adults
- Clinical Problem: Inactivity/immobility during inpatient stay leads to increased risk of hospitalization-associated disability

3. iHI-FIVES (Van Houtven)

- Multi-modal caregiver skills training for caregivers of Veterans with cognitive and function limitations
- Clinical Problem: Inadequate skills training and self-care support for caregivers

Implementation and Evaluation: STRIDE Program



- Stepped wedge cluster randomized trial, 8 sites
- Function QUERI will:
 - **Evaluate implementation of STRIDE**
% of eligible patients with any documented walking, STRIDE participants with up to 20 min daily walking
 - **Examine the impact of STRIDE on**
Independence: discharge from the hospital to skilled nursing facility, hospital length of stay
Physical Function: Function and Disability Instrument, mobility in community, and health-related quality of life

Implementation Framework and Strategy

Replicating Effective Programs (REP)

Implementation framework: Tailors clinical programs to promote balance between **fidelity** and **adaptation** for local condition

CONNECT Team Training

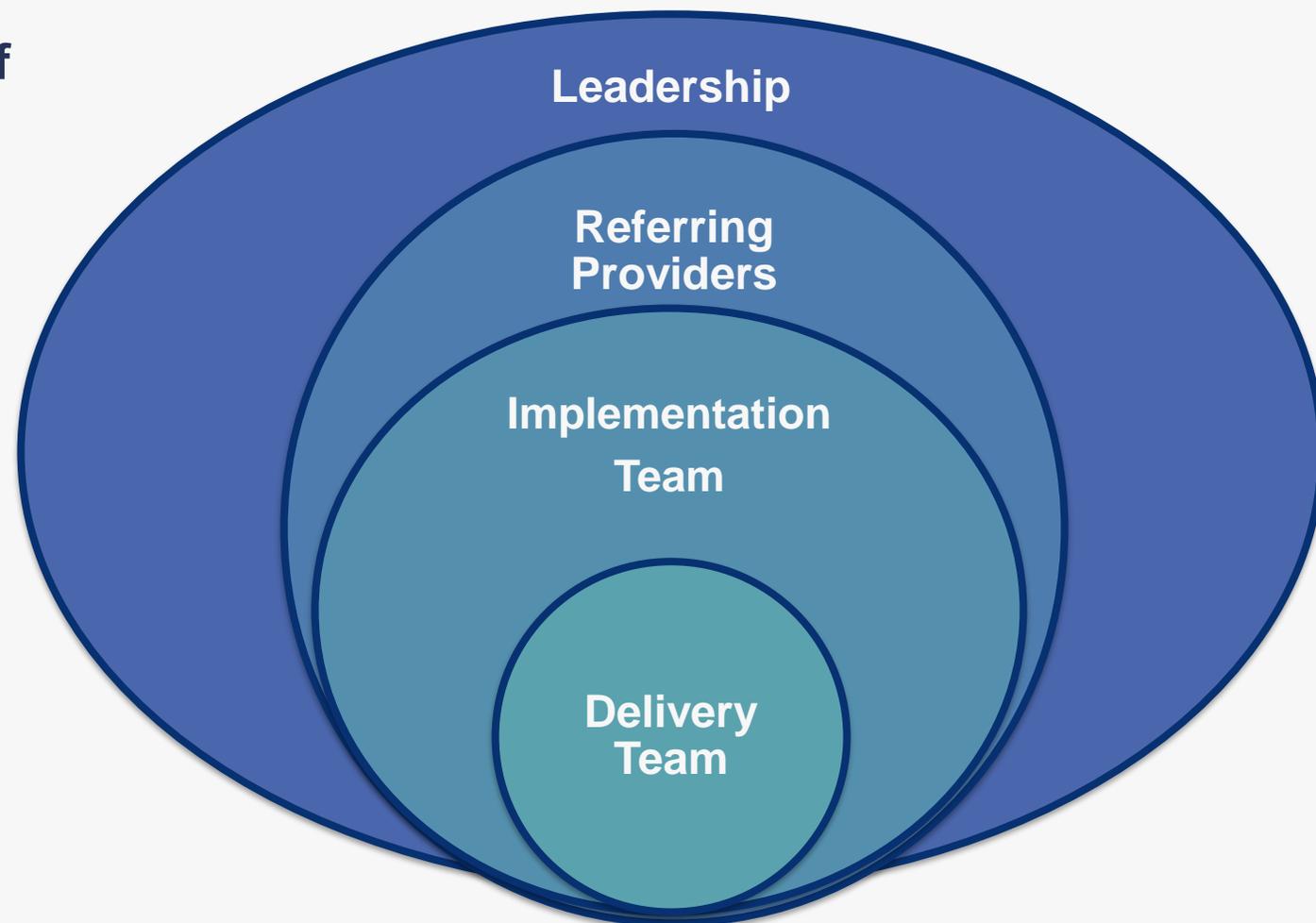
Implementation strategy: Bundle of interactive sessions for delivery staff to promote communication and information flow during clinical program rollout

A Word on Teams

We define “the team” as any hospital staff who work together to get patients up and walking for the STRIDE program (directly or indirectly).

The team includes:

- The delivery team (program delivery)
- The implementation team
- Referring providers (consult initiators)
- Leadership (service line and medical center)



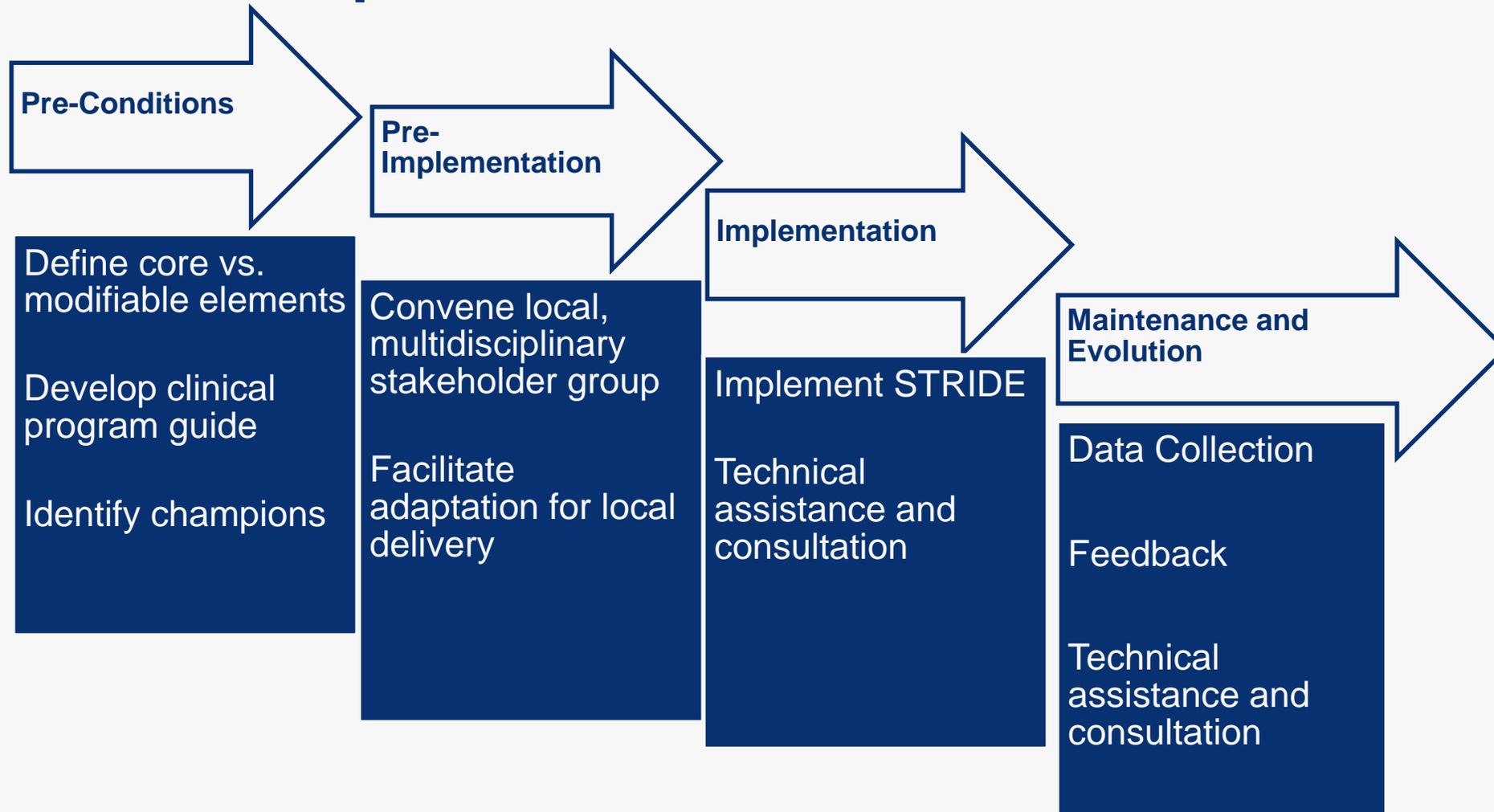
POLL QUESTION

How familiar are you with the REP framework? (select one answer)

- Very familiar
- Familiar
- What is REP?



Implementation Framework: REP



Why REP?

REP addresses major barrier to adopting clinical program

- Empirically tested
- Shown to be effective in promoting uptake

REP is designed to promote flexibility in delivery of the clinical programs

- Can be implemented using existing resources

REP is pragmatic

- Emphasizes user friendly implementation packages
- Can be used for large scale rollouts
- Low need for resources

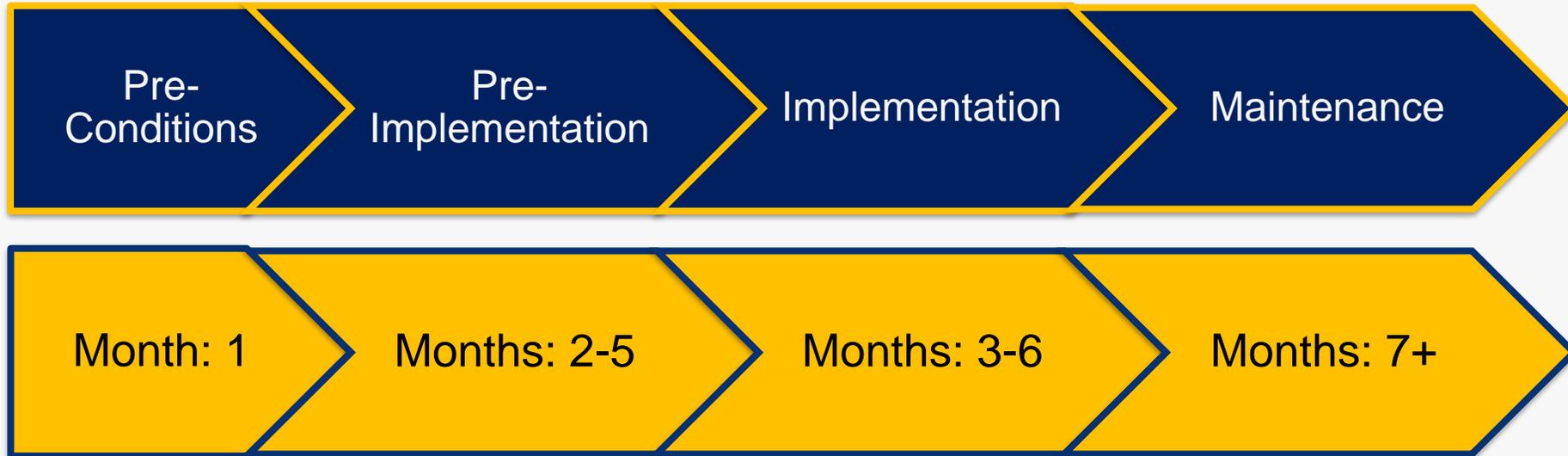
Replicating Effective Programs



REP serves as a framework for program implementation, tailoring clinical programs to achieve balance between **fidelity** and **adaptation** for local conditions.

Timelines

REP Phases



Function QUERI Timeline

REP Activities and Tools

- REP calls
- Site visit
- Performance reports
- Technical assistance
- REP adaptations tracker
- Disseminating Information via Sharepoint

REP Activity: Planning Calls



- **Pre-Conditions Call goal:** Identify STRIDE team and Function QUERI activities
 - Attendees: Site Points of Contact
 - **Planning Call 1 goal:** Understand purpose and components of Function QUERI and clinical program
 - Attendees: Implementation team
 - **Planning Call 2 goal:** Understand documentation components, process and quarterly reports
 - Attendees: Implementation team and referring providers
 - **Planning Call 3 goal:** To define the clinical delivery team, review documentation, and prepare for the site visit.
 - Attendees: Implementation team + Delivery team
 - **Planning Call 4 goal:** To tailor STRIDE marketing material and present ideas to increase program impact
 - Attendees: Implementation + Delivery team
 - **Planning Call 5 goal:** Site visit follow-up
 - Attendees: Implementation + Delivery team
 - **Planning Call 6 goal:** Topic and Attendees are determined by site needs
- *All REP planning calls are 1 hour in length

REP Activity: Site Visit Activities (during and after)



Site visit activities:

- Convene clinical delivery team (rapport building)
- Presentation for leadership
- Promote clinical program to key stakeholders (e.g., service lines)
- Documentation (CPRS templates)

Post-site visit activities:

- Technical assistance
 - Pre-launch logistics, troubleshooting
- Function QUERI team debrief

REP Activity: Performance Reports



Function QUERI STRIDE Report
XXXX VAMC Weekly Workload Report September 23, 2018 – September 30, 2018
<p>Prepared by Center for Health Services Research in Primary Care Durham VA Medical Center October 2018</p> <p>Contact: S. Nicole Hastings, M.D., M.H.S. Research Health Scientist Email: susan.hastings@va.gov</p>

- **Weekly** report
 - Veteran satisfaction
 - STRIDE consults
 - Program activities (e.g., # initial assessments, number of walks, time, distance)

REP Activity: Performance Reports



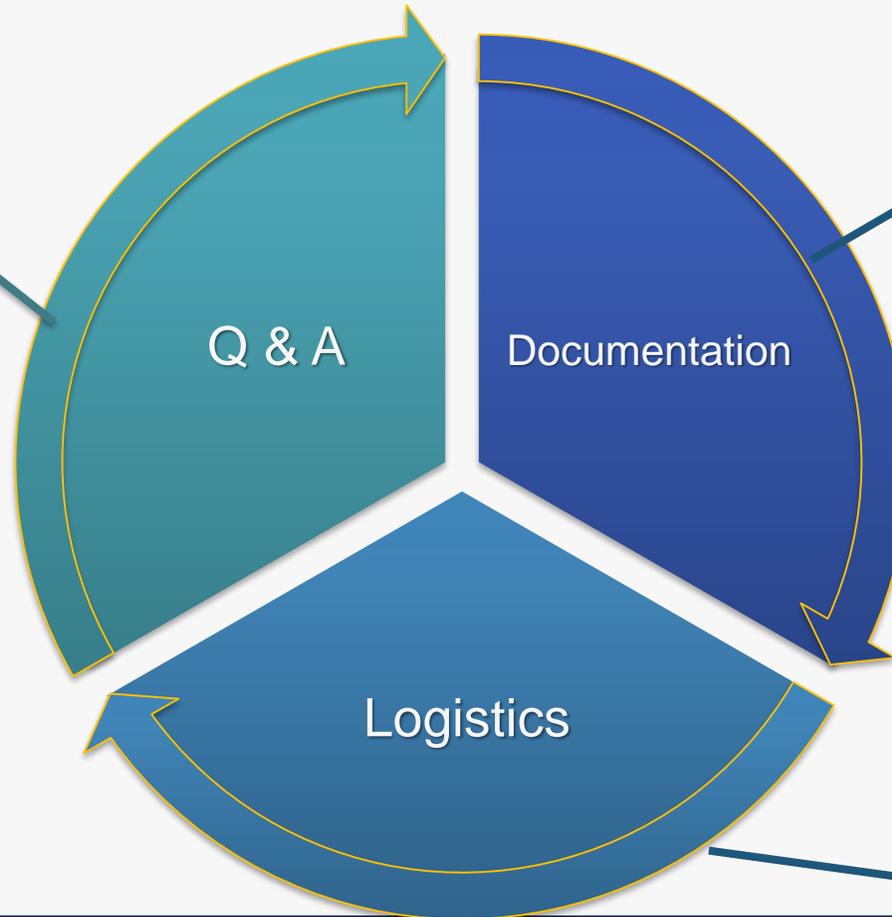
Function QUERI STRIDE Report
XXXX VAMC Quarter 2 Workload Report July 2018 – September 2018
<p>Prepared by Center for Health Services Research in Primary Care Durham VA Medical Center October 2018</p> <p>Contact: S. Nicole Hastings, M.D., M.H.S. Research Health Scientist Email: susan.hastings@va.gov</p>

- **Quarterly** report
 - Veteran satisfaction
 - STRIDE Consults
 - Program activities (e.g., # initial assessments, number of walks, time, distance)
 - Number of STRIDE days walked
 - Convene stakeholders to address barriers

REP Activity: Technical Assistance



- Modifiable components of STRIDE consults
- Evaluation questions
- General troubleshooting



- CPRS templates
- Health factors
- Consult Submission

- Selecting appropriate staffing model
- Competency checklists
- Site visit activities

REP Activity: Tracking Adaptations



Function QUERI tracks within each REP phase:

	Site 1	Site 2	Site 3	Site 4
Referral model	Medical providers, PTs	ACE team, medical providers	Medical providers, nurses	PTs
Staffing model (backup)	Assessment: PT Walking: Nurse techs	Assessment: PT Walking: Nurse techs	Assessment: PT Walking: PTA (nurses)	Assessment: PT Walking: PTA (KTs, nurses)
Inclusion criteria	Non skilled PT patients	Initially ACE only, expanded	No changes	No changes

REP Activity: Disseminating Information – SharePoint



SharePoint Robinson, Katina L DURVAMC

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QUERI_STRIDE

QUERI_STRIDE ⓘ

Welcome to STRIDE!

Getting Started

- Use the buttons on the left to navigate to specific implementation materials.
- Share your site's lessons learned through the "Information Sharing" discussion page.

Latest News

Click [here](#) to view latest news and updates about the STRIDE program.

What is STRIDE?

STRIDE is an evidence-based inpatient walking program designed to give patients greater mobility and function after hospitalization. The program optimizes the physical function of older Veterans by increasing the amount of time spent walking during their hospitalization.

The key features of STRIDE include: (1) proactive, no baseline functional deficits required, (2) early enrollment, within 24 hours of admission, (3) supervised walking, daily until discharge, and (4) dedicated STRIDE staff to perform the initial evaluation and daily walks.

The STRIDE program reduces patient length of stay, discharge to a skilled nursing facility, and cost to the VA medical center.

Click [here](#) to learn more.

STRIDE
Function QUERI

Challenges to Using REP Framework

- Time demands of facilitation
- Competing demands at sites or lack of leadership buy-in that may require multi-level engagement or policy changes beyond scope of REP facilitation
- Implementation timeline does not “cleanly” align with REP framework phases
- REP does not address all elements needed for successful implementation

Advantages to Using REP Framework

For Sites

- Empowers sites to adapt intervention to local needs and context (promotes uptake)
- Uses existing resources (CPRS templates, competency checklists) that saves time and effort for sites

For Function QUERI program

- Standardized activities / process for implementation projects
- Tools generated for REP activities: efficiencies for data collection for REP and evaluation

References / Resources

Replicating Effective Programs

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- J Waxmonsky, AM Kilbourne, DE Goodrich, KM Nord, Z Lai, C Laird, J Clogston, HM Kim, C Miller, MS Bauer. Enhanced fidelity to treatment for bipolar disorder: Results from a randomized controlled implementation trial. *Psychiatr. Serv.* **2014**, 65, 81–90.
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- AJ Kind, M Brenny-Fitzpatrick, K Leahy-Gross, J Mirr, E Chapman, B Frey, B Houlahan Harnessing Protocolized Adaptation in Dissemination: Successful Implementation and Sustainment of the Veterans Affairs Coordinated-Transitional Care Program in a Non-Veterans Affairs Hospital. *J. Am. Geriatr. Soc.* **2016**, 64, 409–416.

Function QUERI's use of REP for STRIDE

SN Hastings, A Choate, E Mahanna, TA Floegel, KD Allen, C Van Houtven, and **V Wang**. Early mobility in the hospital: Lessons learned from the STRIDE program. *Geriatrics*

Function QUERI protocol and conceptual model on teams (and CONNECT implementation intervention) on implementation outcomes

V Wang, KD Allen, C Van Houtven, CJ Coffman, N Sperber, EP Mahanna, C Colon-Emeric, H Hoenig, GL Jackson, TM Damush, E Price, and SN Hastings. Supporting Teams to Implement Clinical Programs Optimizing Function and Independence in Veterans: A Multi-Study Program and Mixed Methods Protocol. *Implementation Science* 2018; 13:58. PMID: 29678137.

Questions or Comments?



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Turning it Around: Question for the Audience

What strategies and tools have you developed or deployed for program sustainability?