Implementation – Implementation Strategies

AH TRIP stands for Allied health translating research into practice. AH TRIP aims to give allied health practitioners education, tools and resources to take AH TRIP approach to bring about practice change in health care settings.

You are ready to implement. You have your problem, your evidence-based intervention and you have spent some time planning your implementation by understanding your context and the people involved in the change. Now it is time for the doing, the implementing.

So where do you start? How do you know which implementation strategies you might use? Implementation strategies are the methods or techniques that you will use to implement your intervention, program, change, whatever it is. This is your HOW. A recent study found that there are at least 73 different implementation strategies [1].

So how do you know what to use?

Unfortunately, there is no formula that tells you if this and this, then you should use this implementation strategy. There is also no single strategy that has been found to be universally better than any other.

What we do know is that implementation strategies need to be chosen depending on what you are implementing, and the context and people involved in the change. There might be some research or local evidence specific to your intervention or context that might be a helpful starting point. For example, finding out what others have tried and what has and hasn’t worked within your local context and understanding why. Alternatively exploring what a different site has done to implement the change often you won’t exactly replicate the implementation strategies they used, but they might give you somewhere to start your thinking.

Implementation theories, models and frameworks might also help to guide the selection of your implementation strategies. So if you have selected an approach that focuses on behaviour change such as COM-B or Theoretical Domains Framework, then it might make sense to use the Behaviour Change Wheel to help you to match strategies to the barriers and enablers that you have identified. Or you may have chosen i-PARIHS as your theoretical approach. In this case, facilitation would be a key implementation strategy, because i-PARIHS names facilitation as the active ingredient required for successful implementation. If you want to know more about facilitation, check out the other AH TRIP webinars.

We know that clinicians often fall back on strategies they have used or seen before, especially training and education strategies (like in-services or pamphlets) and evaluative and iterative strategies (like audit and feedback). These can be very effective in the right setting, but are not likely to help in others...for example in-services will not help if staff do not have the right equipment for example education on the benefits of patients sitting out of bed if there are no chairs available to sit patients in similarly audit and feedback will not help if the staff do not feel they have any ownership of the process being presented.

The compilation of 73 implementation strategies from the ERIC study might help you think more laterally about other approaches for particular circumstances [1, 2].

It is not meant to be a checklist where you need to include all of these strategies in your implementation phase, that would be impossible! It also doesn’t give you direct guidance about what to pick when, though there is a
new tool on the CFIR website which attempts to do this and might be worth looking at if you are using CFIR to guide your project. The ERIC study might also be a handy reference if you are trying to revive or restart an implementation project that hasn’t didn’t work. You could look through the list and identify strategies you hadn’t previously considered which might better fit with your intervention, context or people.

In summary, there are many many implementation strategies that you can use to implement your practice change. What is important is that you don’t use strategies because they are simple or familiar (such as inservices and posters), but that you deliberately choose strategies that are going to overcome your barriers or make the most of your enablers. This isn’t always easy, and having a mentor to help you to reflect on your context and open your eyes to new ideas can be very helpful.

References:
