City Research Online

City, University of London Institutional Repository

Method

We applied a theory-building case study design using the CICI framework. Between February and November 2019, we used mixed methods in six public-sector primary healthcare facilities and one public-sector hospital serving impoverished urban and rural communities in the Amajuba district of KwaZulu-Natal province, South Africa. Qualitative data included stakeholder interviews (TB service users, health workers, community health workers, managers), observations and documentary analysis. Quantitative data included routine data on sputum testing and TB deaths. Data were inductively analysed and mapped onto the seven CICI contextual domains.

Results

Delayed diagnosis, limited psychosocial support for patients and staff, patients lost to follow-up and inadequate infection control were caused by an interaction between multiple contextual determinants and domains [2]. An additional domain was added to the CICI framework to incorporate many features of TB care we identified within healthcare facilities. Mapping findings onto domains proved challenging as multiple domains were often applicable to a single determinant. This process also did not facilitate analysis of interactions between different determinants to produce the problems we observed.

Conclusion

Frameworks such as CICI provide a useful organising structure to identify and evaluate contextual determinants. Caution is required when translating theoretical constructs of context into methods and analytical techniques. Researchers need to ensure contextual determinants are not artificially demarcated and nuanced interactions between determinants are captured empirically.

Trial Registration

Non applicable

Consent to publish

Yes

References

1. Pfadenhauer LM, Gerhardus A, Mozygemba K, Lysdahl KB, Booth A, Hofmann B, et al. Making sense of complexity in context and implementation: the Context and Implementation of Complex Interventions (CICI) framework. Implement Sci. 2017;12(1):21.
2. Murdoch, J., Curran, R., van Rensburg, A.J. et al. Identifying contextual determinants of problems in tuberculosis care provision in South Africa: a theory-generating case study. Infect Dis Poverty. 2021; 10:67 https://doi.org/10.1186/s40249-021-00840-5

O13

Operationalising rapid implementation – Lessons from Academic Health Science Network experience during the COVID-19 pandemic in England

Alexandra Ziemann[1], Andrew Sibley[2], Sam Tuvey[3], Harry Scarbrough[1,4], Sarah Robens[3]
[1]Centre for Healthcare Innovation Research, City, University of London, London, EC1V 0HB, UK; [2]Wessex Academic Health Science Network, Southampton, Hampshire, SO16 7NP, UK; [3]South West Academic Health Science Network, Exeter, Devon, EX2 5FD, UK; [4]The Business School, City, University of London, London, EC1V 0HB, UK
Correspondence: Alexandra Ziemann (alexandra.ziemann@city.ac.uk)
Implementation Science 2021, **16(Suppl 2):**O13

Background

Rapid approaches seem particularly pertinent in implementation science to reach the field's underlying goal of closing the know-do gap. Smith et al. recently conceptualised rapid implementation as achieving "speed and efficiency, by redefining rigour, and adapting both methods [and] design" [1, p. 9]. The COVID-19 pandemic offered a "natural laboratory" to learn about rapid implementation. Our aim was to explore how rapid implementation was operationalised by Academic Health Science Networks (AHSN) in England during the first wave of the COVID-19 pandemic.

Method

We organised three 90-minute, online, semi-structured focus groups with 26 operational and senior managerial staff from 14 of the 15 AHSNs in June-July 2020. Participants were recruited purposefully and on a voluntary basis. Participants presented a case study about their approaches to implementing innovations between March-June 2020 and discussed their experiences and lessons learned. The focus groups were audio-recorded, transcribed verbatim and analysed using qualitative thematic analysis following a grounded theory approach.

Results

AHSNs increased the pace of their innovation implementation work to support the response to COVID-19, e.g., remote consultations. AHSNs operationalised rapid implementation by: 1) Accelerating existing innovations and building on existing relationships/networks; 2) Using remote working for more efficient stakeholder engagement, training, and dissemination; 3) More agile working and adaption of innovations to meet changing local needs/contexts, 4) Using emergent enablers, e.g. stakeholder/policymaker mindsets accepting lower rigour/quality, identifying a common purpose, and allowing for the generation of new evidence from evaluations of rapid implementation.

Conclusion

A combination of remote and agile ways of working and a new enabling context allowed for more rapid implementation of innovations during the COVID-19 pandemic. Key approaches to be taken forward could be the progressively proven remote ways of working and the increased focus on adaptive strategies to increase implementation efficiency and pace after COVID-19.

Trial Registration

NA

Consent to publish

If applicable, please see guidelines

Reference

1. Smith J, Rapport F, O'Brien TA, Smith S, Tyrrell VJ, Mould EV, Long JC, Gul H, Cullis J, Braithwaite J. The rise of rapid implementation: a worked example of solving an existing problem with a new method by combining concept analysis with a systematic integrative review. BMC Health Serv Res. 2020;20:1-4.

O14

Tailored implementation of internet based cognitive behavioural therapy (ImpleMentAll): Process evaluation of the ItFits-toolkit

Tracy Finch[1], Sebastian Potthoff[2], Carl May[3], Melissa Girling[1], Neil Perkins[2], Christiaan Vis[4], Josien Schuurmans[6], Leah Bührmann[4], Anne Etzelmueller[5], Claire van Genugten[6], Tim Rapley[2]
[1]Department of Nursing, Midwifery & Health, Northumbria University, Newcastle upon Tyne, NE7 7XA, UK; [2]Department of Social Work, Education & Community Wellbeing, Northumbria University, Newcastle upon Tyne, NE7 7XA, UK'; [3]Faculty of Public Health and Policy, London School of Hygiene and Tropical Medicine, London, WC1H 9SH, UK; [4]Department of Clinical, Neuro-, & Developmental Psychology, Faculty of Behavioural and Movement Sciences, VU Amsterdam, Amsterdam, The Netherlands; [5]HelloBetter/GET.ON Institute, Hamburg, 20249, Germany; [6]Department of Research and Innovation, GGZ inGeest, Specialized Mental Health Care, Amsterdam, 1081HJ, The Netherlands
Correspondence: Tracy Finch (tracy.finch@northumbria.ac.uk)
Implementation Science 2021, **16(Suppl 2):**O14

Background

The ImpleMentAll study [1] developed the ItFits-toolkit, a self-guided online platform to facilitate implementation of tailored strategies for internet-based cognitive behavioural therapy (iCBT) services. Informed by Implementation Science, users progress through four modules covering work on barriers, strategies, planning, project execution and review. The effectiveness trial reported a small but significant positive effect of ItFits-toolkit on the normalisation of iCBT