MISSION IMPOSSIBLE:
IMPLEMENTATION EXPERIENCE

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November 9, 2023

KT Canada Seminar Series

I would like to acknowledge and pay tribute to the traditional territories of the peoples of Treaty 7 located in the heart of Southern Alberta, which include the Blackfoot Confederacy (comprised of the Siksika, the Piikani, and the Kainai First Nations), the Tsuut'ina First Nation, and the Stoney Nakoda (including Chiniki, Bearspaw, and Goodstoney First Nations). The City of Calgary is also home to the Métis Nation of Alberta Region 3.

Disclosures

I have no conflict of interest to declare in relation to this presentation

PREVIEWS

The recap

**MI Part 1:
Establishing Shot**

Scoping review

→ limited self-management information available and little patient involvement in development of supports

**MI Part 2:
The Conflict**

Qualitative interviews

→ patients & caregivers want a tangible tool that can be accessed on the go with relevant information

**MI Part 3:
The Resolution**

Co-design a prototype

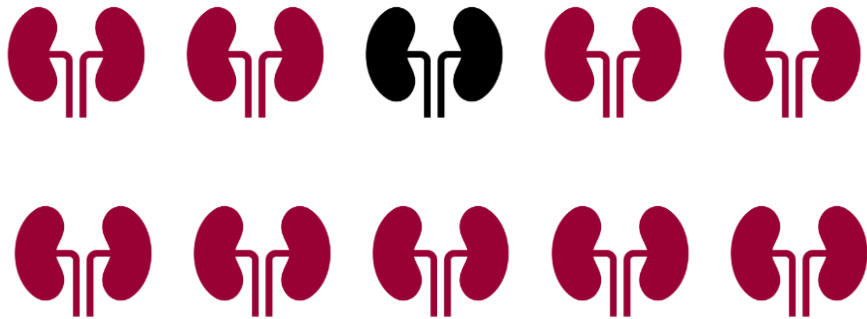→ patients & caregivers created a user-friendly, website:

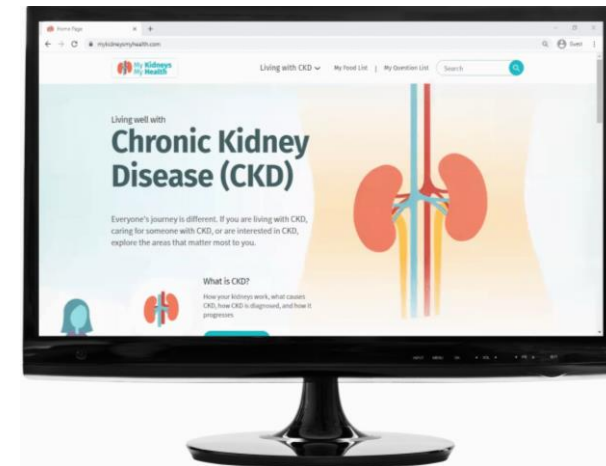My Kidneys My Health

**MI Part 4:
Critic's Feedback**

Test feasibility

→ patients & caregivers liked customizable content for patients with early-stage kidney disease

The audience

1 in 10 Canadians have kidney disease

My Kidneys My Health

Open access, by patients for patients

Beneficiaries: patients, caregivers, providers

THE MISSION

https://www.denofgeek.com/movies/first-mission-impossible-one-of-greatest-action-set-pieces/

The plot

MI Part 5: Implementation Experience

- **Aim:** implementation of My Kidneys My Health

- **Setting:** providers and administrators from Alberta primary care and
  general nephrology

- **Guided by:**

  ➢ Quality Implementation Framework[1]

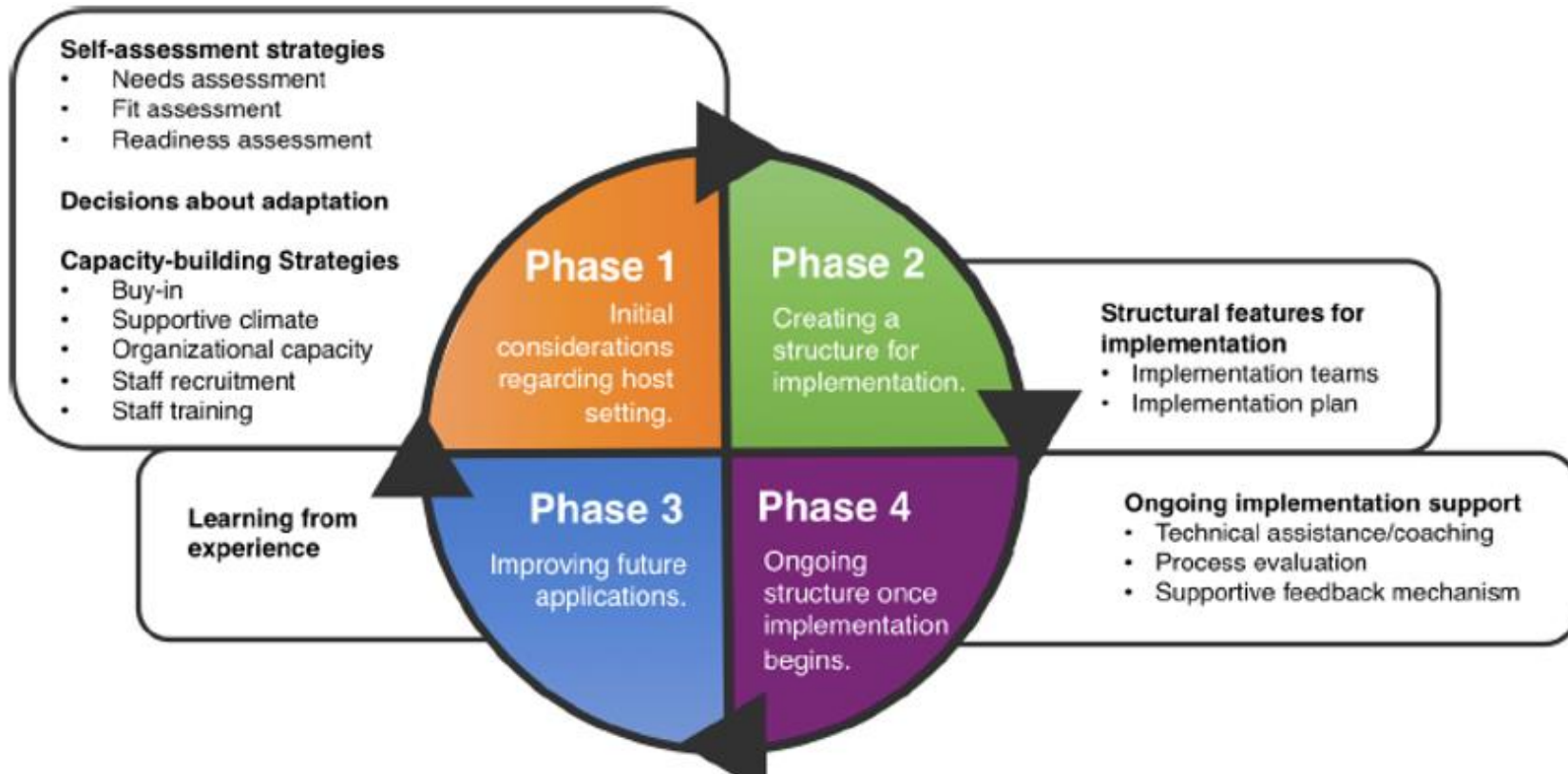 ➢ Can-SOLVE's Pathway to Implementation[2]
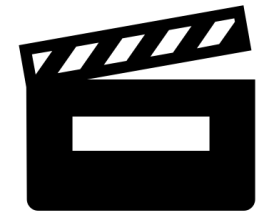
[1]Eboreime E et al. Implementation process and quality of a primary health care system improvement initiative in a decentralized context: A retrospective appraisal using the quality implementation framework. https://doi.org/10.1002/hpm.2655

[2] Can-SOLVE CKD Network. Pathway to Implementation. https://cansolveckd.ca/Implementation.

Hatching an elaborate plan

Meyers D. et al. The Quality Implementation Framework: A synthesis of critical steps in the implementation process. Am J Community Psychol. 2012. 50:462-480
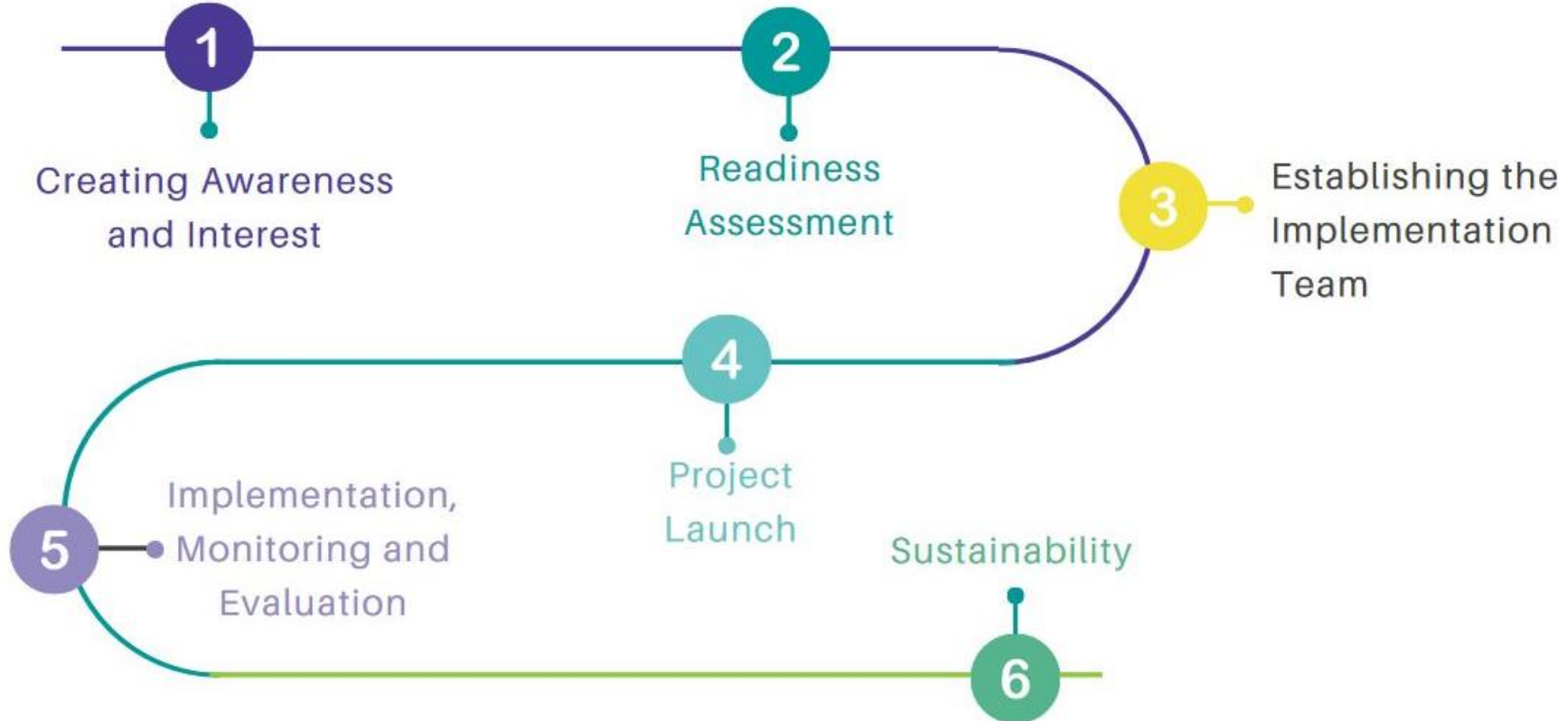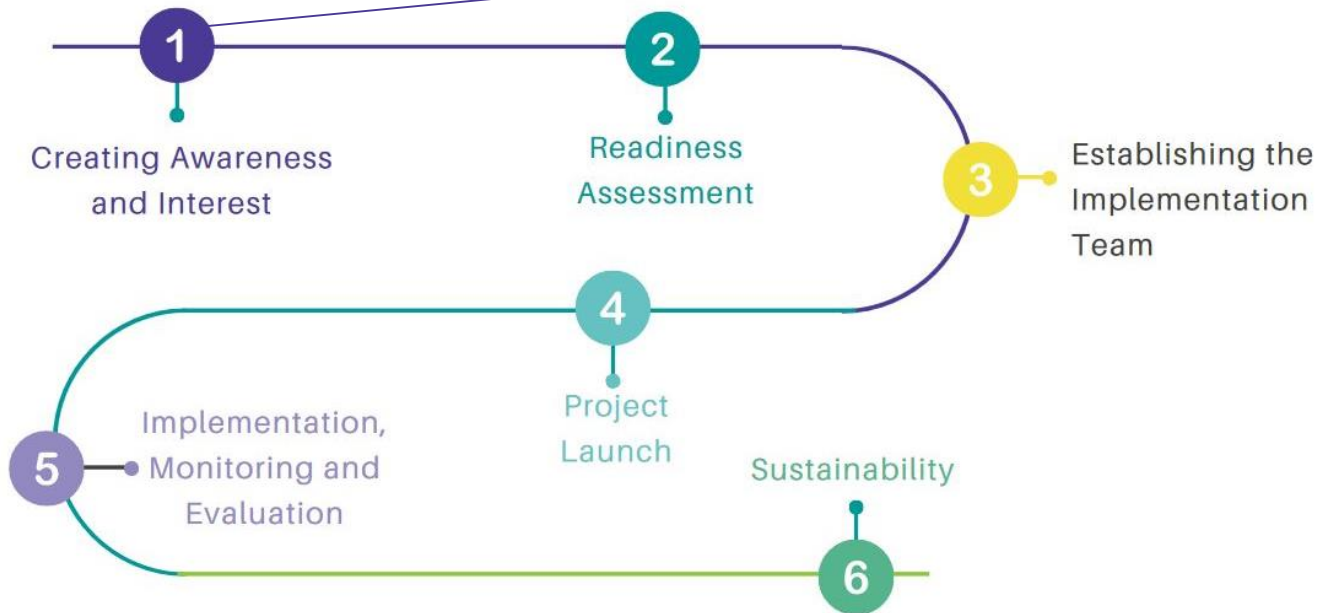
Hatching an elaborate plan

Can-SOLVE CKD: Pathways to Implementation : A Summary of Steps

1 — Creating Awareness and Interest

2 — Readiness Assessment

3 — Establishing the Implementation Team

4 — Project Launch

5 — Implementation, Monitoring and Evaluation
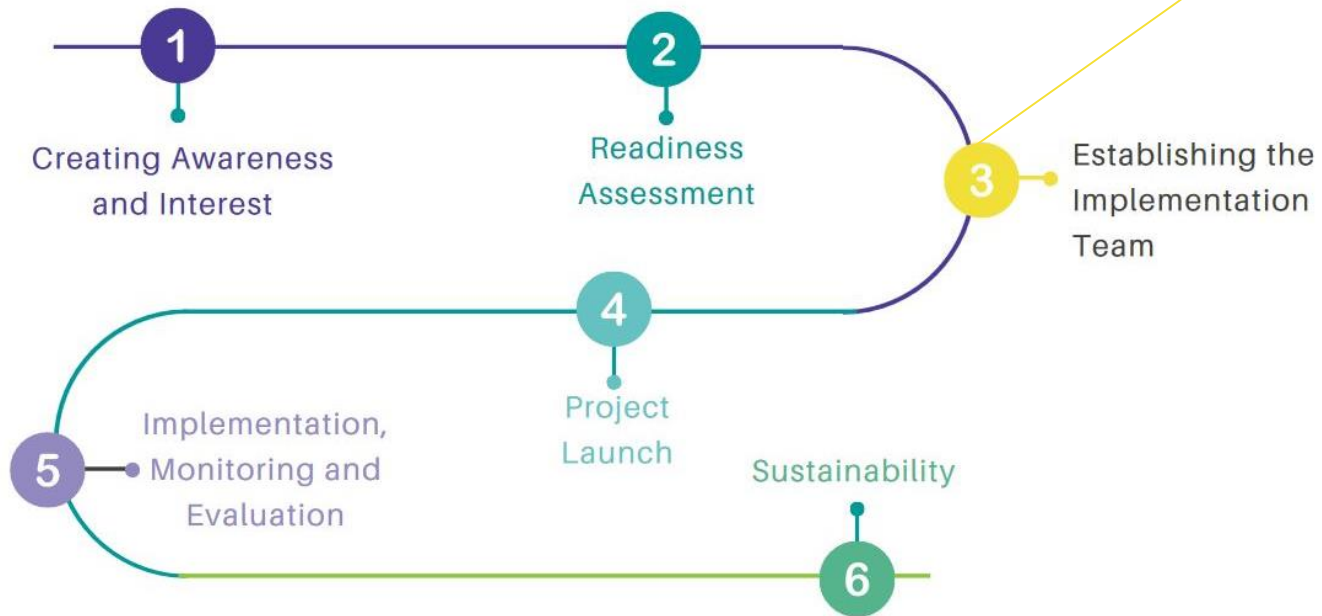
6 — Sustainability

Can-SOLVE CKD Network

1. Creating Awareness
- Partnership & engagement with:
  - Patients and caregivers
  - Providers
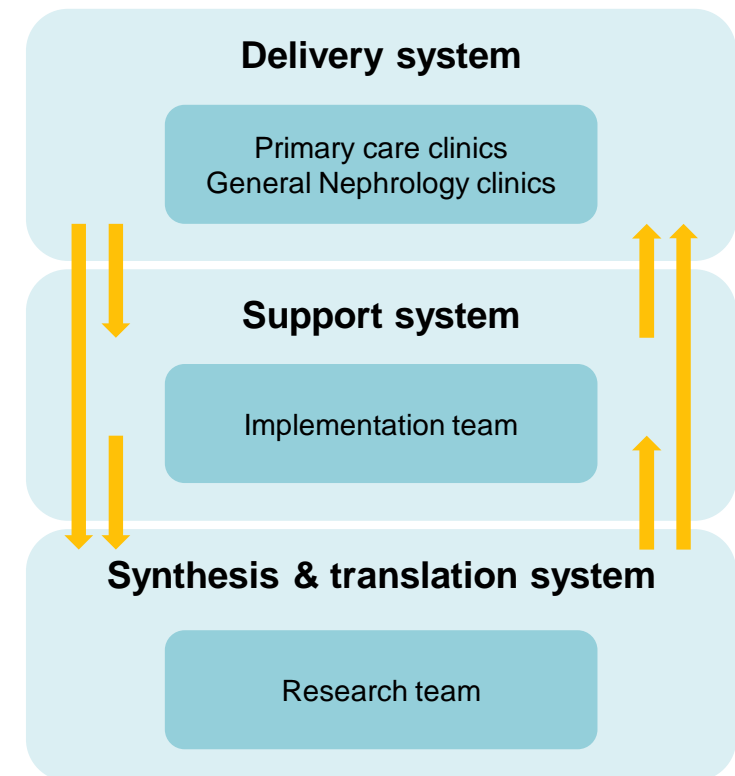 - Community groups
  - Professional organizations
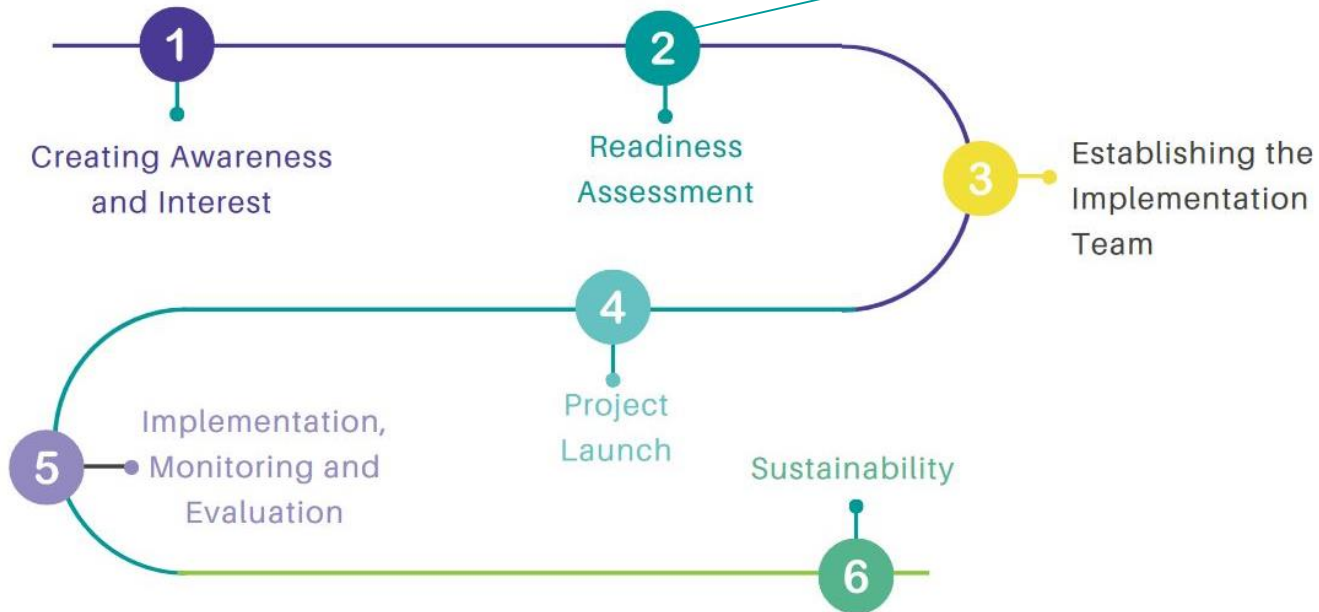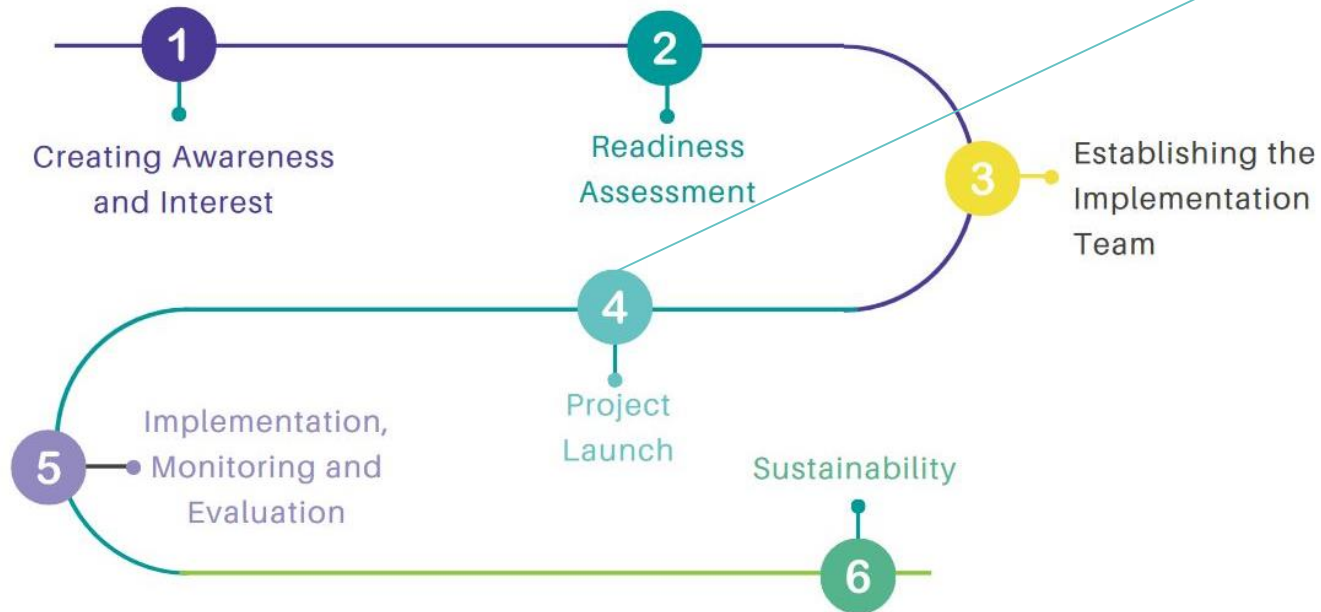
2. Readiness Assessment
- Readiness Thinking Tool (RTT)
- Long Term Success Tool (LTST)
- Theoretical Domains Framework (TDF)
- Consolidated Framework for Implementation Research (CFIR)

3. Establishing the Team
- Interactive Systems Framework (ISF)

Delivery system

Primary care clinics
General Nephrology clinics

Support system

Implementation team

Synthesis & translation system

Research team

Creating Awareness and Interest (1)

Readiness Assessment (2)

Establishing the Implementation Team (3)

Project Launch (4)

Implementation, Monitoring and Evaluation (5)

Sustainability (6)
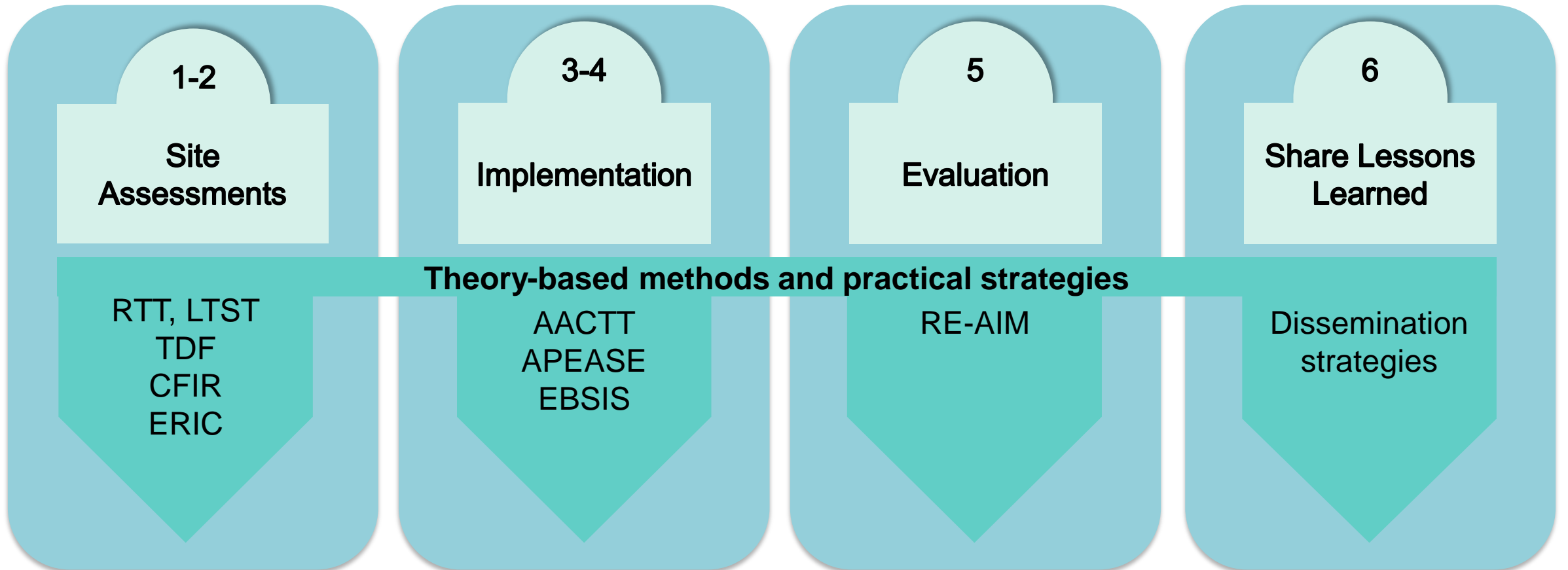
4. Project Launch
- Expert Recommendations for Implementing Change (ERIC compilation)
- Proctor's Action, Actor, Context, Target, Time framework (AACTT)
- Affordability, Practicability, Effectiveness/Cost-effectiveness, Acceptability, Side-effects/Safety, Equity (APEASE)
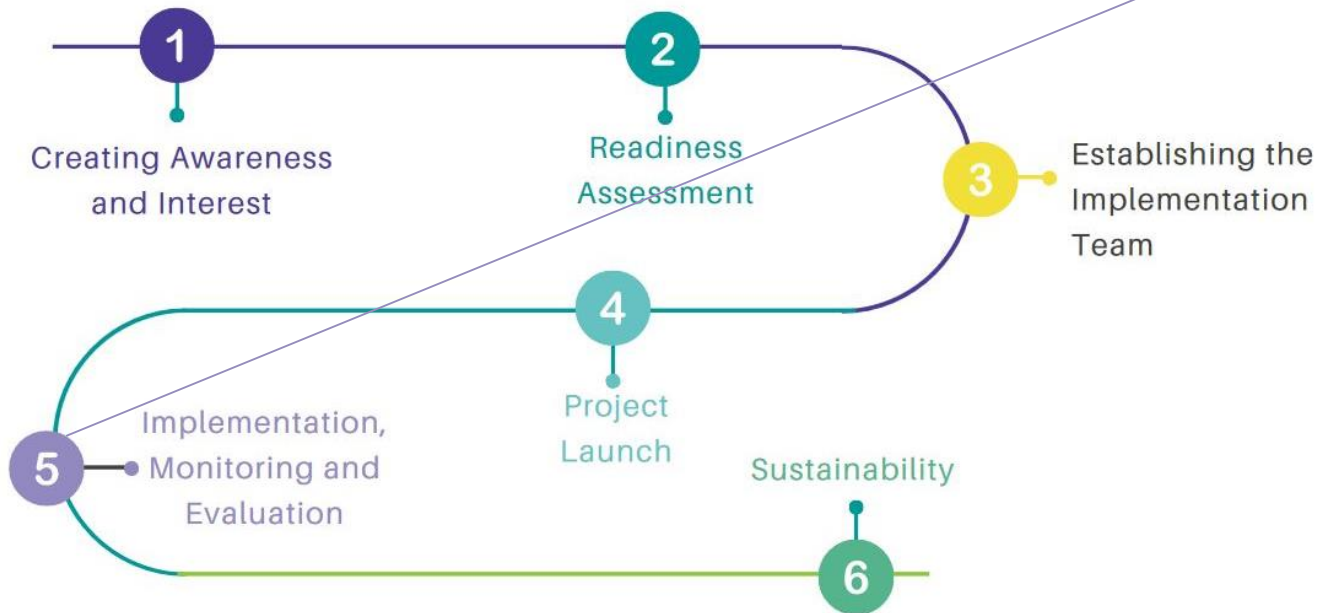
5. Implementation, Monitoring, and Evaluation
- Evidence-based System for Implementation Supports (EBSIS)
- Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM)
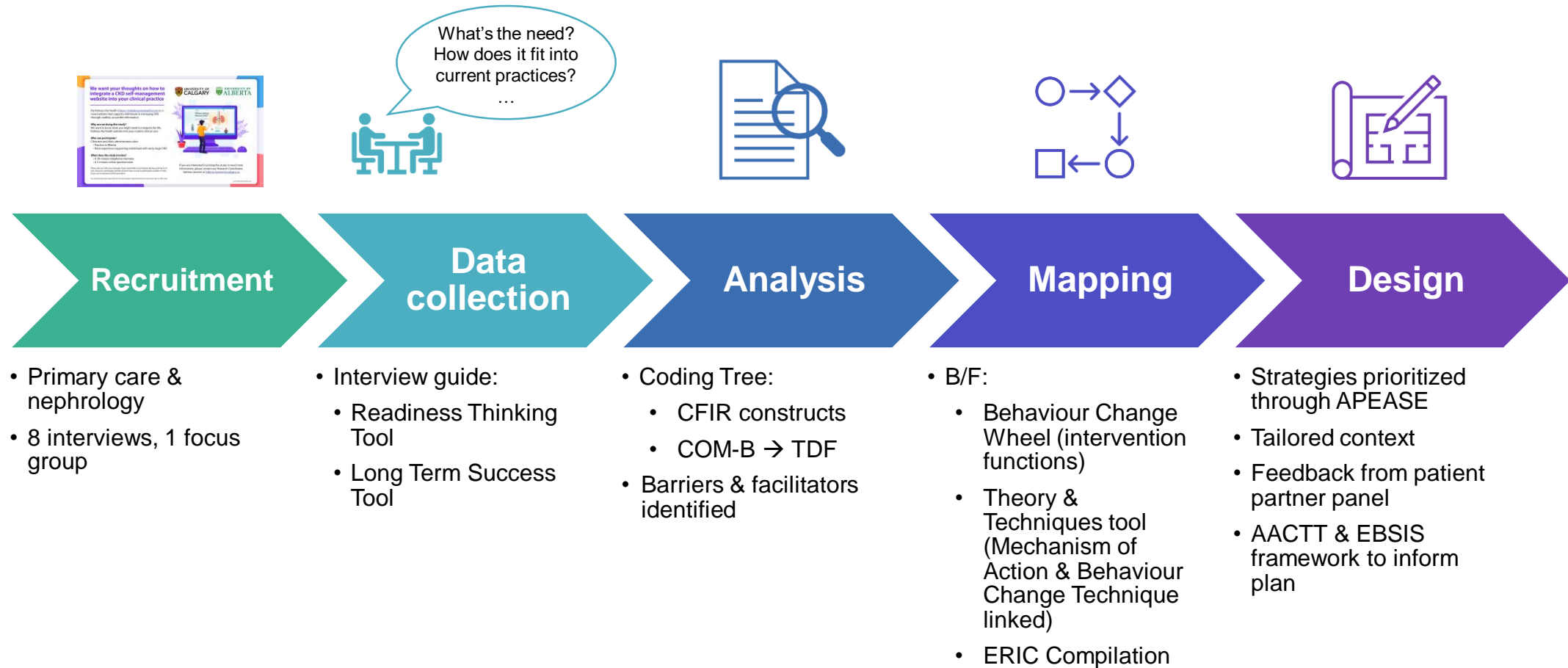
Guiding framework: QIF

1-2	3-4	5	6
Site Assessments	Implementation	Evaluation	Share Lessons Learned

Theory-based methods and practical strategies

| RTT, LTST TDF CFIR ERIC | AACTT APEASE EBSIS | RE-AIM | Dissemination strategies |

THE ACTION

https://www.gq-magazine.co.uk/culture/article/tom-cruise-mission-impossible-retirement

Executing the elaborate plan – site assessments

What's the need? How does it fit into current practices? …

Recruitment

Data collection

Analysis

Mapping

Design

- Primary care & nephrology
- 8 interviews, 1 focus group

- Interview guide:
  - Readiness Thinking Tool
  - Long Term Success Tool

- Coding Tree:
  - CFIR constructs
  - COM-B → TDF
- Barriers & facilitators identified

- B/F:
  - Behaviour Change Wheel (intervention functions)
  - Theory & Techniques tool (Mechanism of Action & Behaviour Change Technique linked)
  - ERIC Compilation

- Strategies prioritized through APEASE
- Tailored context
- Feedback from patient partner panel
- AACTT & EBSIS framework to inform plan

Executing the elaborate plan – implementation

Implementation package

Individual coaching and education sessions

Executing the elaborate plan – evaluation

Recruitment

- Primary care & nephrology
- 5 interviews, 1 focus group

Data collection

- Interview guide:
  - RE-AIM
- Document review
- Google Analytics

Analysis

- Coding Tree:
  - RE-AIM
- Document review (materials printed and shared, emails sent, etc.)
- Google Analytics (review of traffic sources, content engagement, users, etc.)

Adaptations

- Next steps

# FALLOUT

Reviews

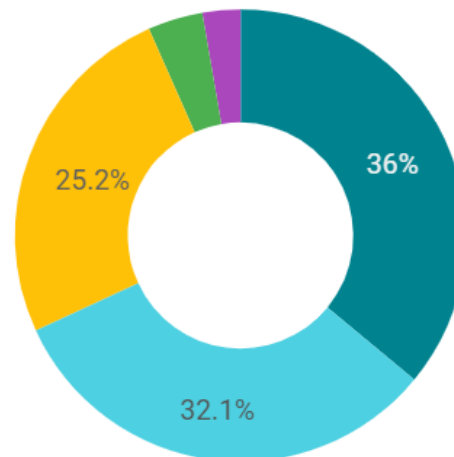| Barriers	Implementation Strategies	Evaluation
Awareness →	Presentations, postcards, posters →	> 1,000 items shared; improved provider and patient awareness of website features
Memory →	Reminders, build into routine →	Visual reminders helpful, embed into existing practices
Time →	Champions, build into routine →	Identified roles that have time to implement, tailored to appointment
Motivation →	Education sessions, success stories →	Beneficial for patients (empowerment), for providers (effective tool)
Accessibility →	Printable & translated materials, needs assessment →	Long-term, in progress

Ratings (May 2022- May 2023)

- ~4,000 users → 25% increase from year before

- ~21,000 page views → 20% increase from year before

- Top topics: Food & Diet, What is CKD, Medications

Website Access

- 31.3% desktop
- 34.9% mobile
- 33.7% tablet

- mobile
- tablet
- desktop

Traffic Sources
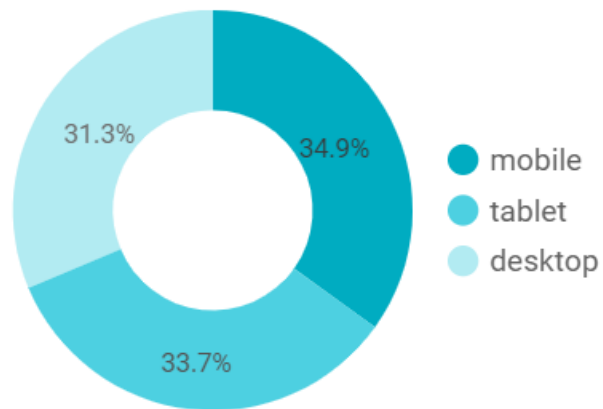
- 36% Direct
- 32.1% Organic Search
- 25.2% Referral
- Social
- others

- Direct
- Organic Search
- Referral
- Social
- others

CKD Pathway: 949 sessions
Kidney Wellness Hub: 69 sessions

Postcard: 88 sessions
1-pager: 30 sessions

Lessons learned

KEY TAKE-AWAYS

Dissemination & implementation are tied together

Importance of continuous dissemination

Tailoring strategies to settings and population

Providers motivated by impacts

LIMITATIONS

Recruitment – availability

Recruitment – local context

Timing – ability to measure effectiveness

COMING UP NEXT

The sequel - sustainability

UPDATED CAST

NEW MISSION

- Adaptation – meet the needs of diverse populations

- End game – sustainability planning

Thank you

CONTACT INFORMATION:

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https://twitter.com/icdc_research

https://mykidneysmyhealth.com/

Credits

- Patients, caregivers, and health care providers who participated in all phases of this work

- CKD self-management research team members