

SUPPORTING **IMPLEMENTATION** **IMPROVING** **EVALUATION**

Guidance to support rapid successful changes to health and social care that will last during and beyond the COVID-19 pandemic

Health and social care innovations, interventions and new services need to be rapidly implemented during, and after, crisis situations. It is important to consider lessons from Implementation and Improvement Science to support rapid and effective ways of putting plans into effect.

Effective intervention/service + effective implementation = patient/service user and/or system benefits.



This resource is interactive and best viewed when opened with Adobe Acrobat



This resource contains interactive contents, please click on the icons for further information

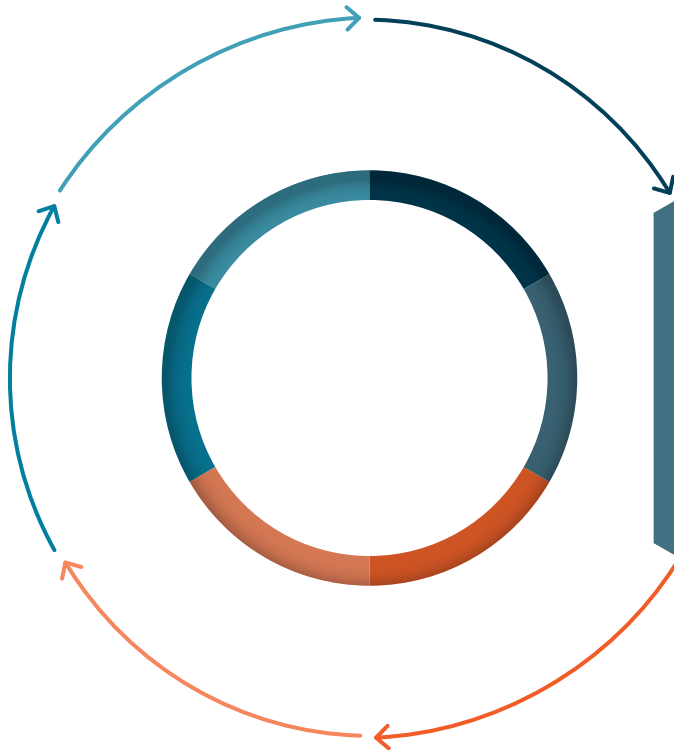




FACTORS LIKELY TO AFFECT SUCCESSFUL IMPLEMENTATION

- **Intervention/new service characteristics** – Perceived ease/difficulty and advantage of implementing the intervention or new service
- **Individuals involved** – Attitudes of key people towards the intervention/ service and their perceived capability to implement
- **Organisational setting** – Expectation and support of implementation from within the organisation
- **External setting** – Patient/service user needs, external policies, resource availability
- **Implementation process** – How to go about planning, engaging staff and patients/service users, executing the plans
- **Evaluation** – Reflecting upon the implementation and evaluating it

IDENTIFY STRATEGIES TO FACILITATE RAPID AND SUCCESSFUL IMPLEMENTATION

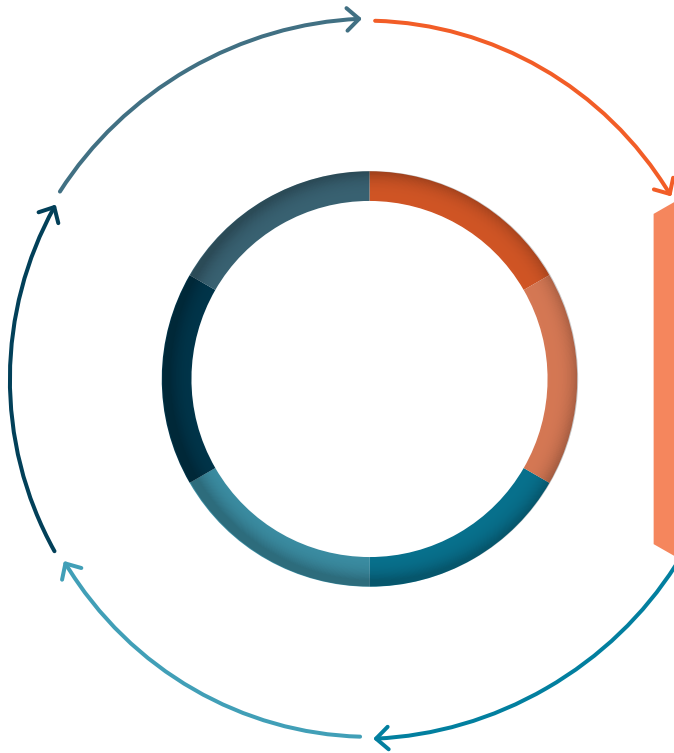


- **Evaluate implementation** – Identify barriers and facilitators to implementation, provide feedback on performance
- **Provide assistance to implementors (people responsible for the implementation)** – Provide facilitation and supervision
- **Allow implementors to adapt and tailor to their own setting** – If possible, encourage adaptations, while balancing this with fidelity
- **Identify and work with stakeholders** – Identify champions and early adopters
- **Train and educate stakeholders** – Conduct training, distribute educational materials
- **Provide support to implementors** – Offer reminders, revise professional roles as required, consider if it is possible to remove other tasks so implementors are not over-burdened
- **Engage patients, service users and carers** – Be mindful and consider health and social inequities when engaging and/or including patients/ service users and families in the implementation effort, use technologies facilitating remote involvement if necessary

UNDERSTANDING EARLY ADOPTION

- **Acceptability** – How acceptable is the intervention/service?
- **Feasibility** – How practical is the intervention/service to implement?
- **Appropriateness** – How suitable is the intervention/service to address the problem?
- **Evaluate early adoption** – Evaluate acceptability, feasibility and appropriateness from the perspectives of different stakeholders (staff, service users, carers, and others)





SUPPORTING ONGOING IMPLEMENTATION

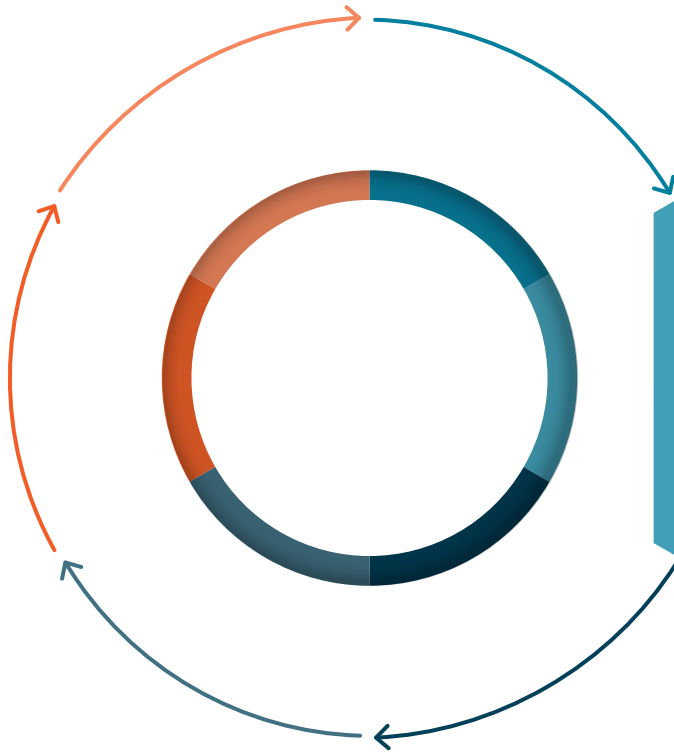
- **Fidelity** – Monitor whether the intervention/service is delivered as intended
- **Costs** – Monitor cost of implementation and cost of intervention/service
- **Adaptations** – Monitor adaptations, ensuring core components of intervention/service are delivered; record learning

KEEPING THINGS GOING OR DECIDING TO STOP



- **Costs** – Plan to ensure ongoing implementation and intervention/ service costs are met
- **Integration with existing services** – Plan how best to integrate with existing services
- **Education and training** – Plan ongoing training and education
- **Sustainability** – Monitor whether intervention/service is delivered with fidelity over time
- **De-implementation** – Consider stopping, removing or replacing the intervention/service as the situation evolves and the intervention/ service is no longer appropriate or if found to be of little value

BE MINDFUL OF UNINTENDED CONSEQUENCES AND WIDENING HEALTH AND SOCIAL INEQUITIES



- Implementing interventions/services can be complex, unpredictable and haphazard. Even if the anticipated benefits of an intervention/service are achieved, it is very likely that unintended consequences will also occur
- Three types of unintended consequences exist:
 - **Unexpected benefits** – A positive, unexpected benefit
 - **Unexpected drawbacks** – A negative, unexpected detriment occurring in addition to the desired effect
 - **Unacceptable effects** – A negative effect, contrary to what was intended
- The idea that implementation efforts can, and often, have unintended consequences should not be overlooked

PRACTICAL RESOURCES TO SUPPORT IMPROVEMENT AND IMPLEMENTATION

King's Improvement Science (KIS) guides to quality improvement

Step 1: KIS introduction to quality improvement

Step 2: KIS guidance for deciding what to improve
and assessing the feasibility of a quality
improvement project

Step 3: KIS template for planning and evaluating
a quality improvement project

KIS guide to evaluation resources

Implementation Science Research Development (ImpRes) tool and guide

KIS advice about patient and public involvement

KIS glossary of terms used in improvement and implementation



To access practical resources to support
improvement and implementation, visit
www.kingsimprovementscience.org



If you'd like further advice, please
contact: kis-team@kcl.ac.uk

KING'S IMPROVEMENT SCIENCE

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