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Implementation lives!
A look back at Implementation Week 24-28 January 2022

After a two-year hiatus, a new edition of Implementation Week was held at the end of January. Not with physical meetings yet, but with daily inspiring and interactive online activities in which implementation was central.

The Week of Implementation could not take place for 2 years. Corona threw a spanner in the works in 2020 and last year the successful European Implementation Event (EIE) was on the agenda. This year, however, the 3rd edition of the Week of Implementation could take place without any problems, albeit digitally. The Netherlands Implementation Collective (NIC) signed up for the organisation. This resulted in a wide range of lectures, workshops, consultations, exchanges, discussions and interviews. The activities attracted a wide range of interested parties: from policy makers to administrators, from scientists to teachers. And they came from a wide range of organisations such as hospitals, educational institutions, care organisations and welfare institutions.

Learning and professionalisation

One thing became clear to the participants of the Week of Implementation, namely that the relatively young field of implementation is becoming more and more mature. It has developed into an independent field with professionals with knowledge and skills. The process of further learning and professionalisation is in full swing and the NIC fully supports this. It is therefore not illogical that the theme chosen for this implementation week was 'Learning and Professionalisation'.

Webinars and consultation hours

The theme was taken up by Bethany Hipple Walters (Trimbos), for example, with two contributions. She held both a **webinar** on the basics of implementation and a **workshop** on education and training opportunities in the field of implementation. In addition, the implementation specialists of **ZonMw** and **Zorg voor Innoveren** gave talks.
During the week, online sessions were held on **de-implementation**, **facilitating networking & peer review**, **learning from each other's implementation challenges**, **involving users** in implementation, **implementation strategies** and **methodologies** in implementation. The first results of the **Knowledge Agenda for Implementation** were presented and discussed. Finally, during lunch, the participants were able to combine the useful with the pleasant during the **online lunch Implementation Game.**

Implementation lives!

All in all, the NIC and the participants can look back on a varied week to which many different people and organisations contributed, either as participants, presenters or organisers. And one conclusion is certainly justified: implementation lives!

Many thanks for the contributions to this report from:

Gerjanne Vianen, Kris Pelleboer, Esther Leijte, Wendy Reijmerink, Jos Zandvliet, Leo Jetten, Ron Magnée

Annex 1
NIC meeting 24-1-22, De-implementation, Leti van Bodegom-Vos, LUMC, Implementation Fellow ZonMw, NIC working group implementation research

What is de-implementation?
What is inappropriate care? This is care that has no demonstrable value. It can be ineffective care, inefficient care and/or unwanted care (not in line with patient preferences). *See also: Verkerk et al. Int Qual Health Care 2018, 30(9), 736-739.*

De-implementation; the planned reduction of care that has no proven value. Niven found 43 terms for inappropriate care.

There are 4 types of change
- Reduce, e.g. fewer follow-up appointments
- Quitting
- Substitution with the same type of care, e.g. other and more effective medicine
- Substitution with another type of care, e.g. no more surgery but physiotherapy instead.

The last two are actually different in terms of approach/implementation strategy, because substitution with one type of care often involves the same health care providers as the care to be de-implemented. Whereas for substitution with a different type of care, a different healthcare provider is often involved.

How do you tackle de-implementation?

A. De-implementation process

- S. van Dulmen, 2019

1. Map the situation; how often do we perform the unwanted care?
2. Investigate the problem; why do we still carry out the unwanted care?
3. Define the strategy
4. Implement the strategy
5. Evaluate the strategy
6. Maintain the effect.

- De-adoption, Daniel Niven, 2015

In this model, a 'step 0' is added to the process, that of choosing/prioritising your intervention to be de-implemented. Niven says that inappropriate care practices should be prioritised on the basis of:
- Strength of evidence
- Safety of inappropriate care
- Potential impact on health and costs
- Availability of alternative care

And involve stakeholders from the start, just as you do in implementation.

- Choosing Wisely de-implementation framework, Grimshaw

In this model, a step 7 is added to the process, namely that of disseminating effective strategies for de-emphasising this care practice.

B. Factors influencing inappropriate use

Factors can be found at several levels, as in ordinary implementation. De-implementation is specific:
- At the level of the healthcare provider: Meeting patient expectations, fear of missing diagnoses, fear of patient complaints, cognitive biases
- Patient: Perception "more is better
- Organisational context: revenue, fear of losing patients, capacity
- Society: 'more is better' culture.
- Professional interactions: cooperation and coordination.

Overall: Uncertainty plays an important role in de-implementation.

Cognitive processes/biases

Cognitive processes can go two ways:
1. Intuitive/automatic, 95% of the time;

The following de-implementation bias plays a role here: action bias (wanting to do something), anticipated regret (treating more rather than less), risk aversion (tendency to take less risk for others than yourself), confirmation bias (continuing to do things even though they are no longer appropriate), impact bias (overestimating benefits and underestimating drawbacks).

2. Rational/thoughtful, 5%

General points to consider when de-implementing (strategies);
- Multiple strategy components are often more effective;
- Focusing on context-specific inhibiting and promoting factors;
- Both aimed at patients (involving patients in diagnostics and treatment, shared decision making) and healthcare professionals.

Strategies aimed at the healthcare professional that in the literature seem to have a positive impact on de-implementation:
- Clinical decision support = bypassing cognitive processes;
- Audit and feedback;
- Training;
- Reminders.

However, these deal mainly with the rational/ deliberate type of cognitive process, and the bypassing of cognitive processes. So this ignores the fact that 95% of processes are automatic.
See: Tarrant BMJ Qual Saf 2021, Helfrich 2018 J Eval Clin Pract.

Alternatives of strategies that respond to the intuitive cognitive process rather than the rational/thoughtful processes:
- Substitution (then the caregiver/patient still has the idea that you are doing something instead of nothing)
- Strategic rethinking (i.e. formulating the wait-and-see policy more actively, e.g. "active monitoring", so it helps to feel that we do not like inaction)
- Documenting decision-making processes (and thus protecting against complaints, making caregivers feel more secure).
- Social support
- ➔ Future research should show whether this is really more effective.

Conclusion: The process of implementation and de-implementation is similar. But in the case of de-implementation, you need to approach the change process differently, focusing more on the intuitive/automatic processes and thus choosing other strategies.

Some questions/comments for Leti come afterwards from participants:
1. A participant indicated that many organisations, including ZonMw, too often forget the change management perspective and the conversation in the consulting room. Too often, the focus is on an instrumental approach, using apps and toolkits. But that conversation is just as important.
2. Sometimes financial incentives play a barrier to de-implementation. Such as with de-medicalisation in pharmacies. It becomes very difficult if pharmacists have a financial incentive (are paid) for the number of medicines dispensed to the patient.

Annex 2
Report on the ZonMw implementation meeting
25 January 2022

On Tuesday 25 January 2022 the first Implementation Consultation Hour took place. Six participants from long-term care, hospital care and primary care had sent in their implementation questions to ZonMw in advance. The questions were very diverse, from general tips for grant applicants to specific questions about implementation projects. The questions also covered all stages of research, from fundamental to applied research.

Session content
During the first part of the online session, the questioners were paired with implementation specialists from ZonMw. The couples went into breakout rooms to discuss the questions in depth and to get advice and tips from the implementation specialists.

After the one-to-one discussions, there was a plenary feedback session. About fifteen participants took part in this. Besides the original participants, a number of interested people - from inside and outside ZonMw - followed this part of the meeting.

Conclusions and key points
The main conclusion from the plenary part was that the consultation hour was considered very valuable by both the external questioners and the i-specialists. People liked the fact that there was enough time to talk to each other and to get advice, so that the questioners could continue with their implementation processes. The way of giving feedback was also appreciated because it enabled people to learn from each other.

Important points from the feedback were:

- Start small;
- Take sufficient time for the orientation phase at the beginning of an implementation process;
- Make sure the needs of the intended target group(s) are clear;
- Keep the scope and context in mind throughout the process. This increases the chance that the intended intervention will actually be implemented;
- Put champions in..;
- Involve relevant stakeholders as much as possible from the start of the process;
- Become a member of the Dutch Implementation Collective.

Take-away message
At the end of the session, it was emphasised that there is a lot of knowledge available on implementation. The participants were encouraged to look for each other and to keep learning from each other.

Appendix 3 Report Workshop Liberating Structures

The Workshop Liberating Structures (LS) was a methodical-technical workshop with about 50 participants, given by Madelon Rooseboom and Charlotte Roos (both ZIN). LS are methods for facilitators based on collective thinking and acting. They are microstructures or work forms that structure the interactions at a (digital) meeting and lead to dialogue and cooperation. For example, there is a tool for introduction, reflection and intervision. It forces you to think carefully about content, process and relationships beforehand. Click here for the slides of the workshop and additional material. If you would like to participate in more intervision on implementation, please contact the Expertise Network Implementation, which is affiliated with the NIC. Expertise Network Implementation | About us | Zorginstituut Nederland

Material on Liberating Structures from the workshop 25 January 2022

Here you can find the slides that Madelon Rooseboom presented during the workshop

Hier you will find the reflection that came out of the workshop

Here is some additional information on Liberating Structures:

- Website Liberating Structures:
  - Liberating Structures - Introduction
  - Menu LS Liberating Structures - Liberating Structures Menu
  - Belgian-Dutch Liberating Structures - "Liberating micro-structures for interaction".

- Liberating Structures App: LiSA, type in Liberating Structures (see app store, free download)

- Further learning & practice - Community LS

The Creators Community of the Creators Company; the Creators Company | make the difference... | Creators Community and The Liberators | Unleashing Organisational Superpowers

- Book: 'Liberating Structures, the surprising power of liberating structures' by the founders and translated into NL

Annex 4
Report Session Implementation Education and Training
26 January 2022
By: Bethany Hipple Walters, Project Manager Trimbos, NIC working group leader

Did you want to know more about the competences needed for a good implementation researcher or implementation consultant and which training courses you can take to master them? Then Bethany Hipple Walter's workshop was the answer. The overviews will undoubtedly be made available soon via the Dutch Implementation Collective, but we would like to lift a corner of the veil.
Although the field of implementation is still young, there are several educational institutions that (also) deal with implementation in health care, such as NIHES of the Erasmus University, the course Implementation and Evaluation of the University of Maastricht, the HAN, and the Amsterdam UMC. But there are also interesting courses to be found outside the country's borders, such as at the University of Heidelberg, Per Nilson's PhD course on Implementation Science and the Implementation Specialist course at the University of Melbourne.
If you don't want to go back to school, but still want to brush up on your knowledge of implementation, various knowledge platforms offer a solution. Many platforms also make their knowledge available via small, often free, courses or e-learnings. These include the University of Washington Implementation Research Hub, the learning modules of the University of Wisconsin, the modules of the NIRN, and ZonMw's implementation knowledge portal, which includes a step-by-step plan for making an implementation plan.
If this is not enough for you, Bethany says the exchange through peer review, coaching, mentors, workshops, site visits and recent literature is still one of the best methods to keep your implementation knowledge and skills up to date.
The NIC working group Intervision & Networking offers a good stepping stone for this.
Here is the link to Bethany Hipple Walters' presentation:
NIC Implementation Education and Training Courses.pdf

And additional links to training courses and platforms:

- https://impsciuw.org/
- https://ictr.wisc.edu/dissemination-implementation-launchpad/
- https://www.zonmw.nl/nl/over-zonmw/impact-versterken/impact-realiseren/implementatie-kennisportaal/
- https://nirn.fpg.unc.edu/ai-hub
- https://impsci.tracs.unc.edu/
- https://cancercontrol.cancer.gov/is
- https://dissemination-implementation.org/index.aspx
- https://implementation.eu/implementation/
- https://societyforimplementationresearchcollaboration.org/sirc-projects/

Annex 5. Report Care for Innovation consultation hours

On 27 January 2022 from 14:05 to 16:00, two consultation hours were held by Zorg voor innoveren.

The programme was structured as follows:

- Introduction presentation on the Care for Innovation programme as a resource for care innovations, implementation and scaling up.
- Consultation on the basis of case histories with questions.

Anke Snijder (programme secretary) and Leo Jetten (senior programme manager) took care of the programme. There were 12 applications from healthcare employees and innovators of various kinds.

Finally, there was a lively discussion with six interested parties. The participants presented various case studies.

In all cases, the case histories discussed led to suggestions for next steps and references to new sources of knowledge for the participants.
Due to the confidentiality of the information regarding the innovations discussed, we will limit ourselves here to the subject matter;

- How do you adapt an American application for a personalised vaccination check to the Dutch situation?

- We have tested the hygiene product a lot. And we have received enthusiastic reactions. That smells like scaling up. But how do we do that efficiently?

- We now focus on the preventive side, healthy nutrition, diabetes fund, exercise, mental resilience. We measure impact together with Erasmus MC. We are looking for parties to cooperate with for impact measuring and activation.

- A business case cannot always be expressed in euros. But there are often health gains. How are you going to measure and value that?

- If you throw welfare on a big pile, each euro yields more euros. But where is the return? That is very divisive and very difficult/time-consuming to investigate.

- Implementing guidelines. How do you do it?

The participants all left the sessions with a positive reaction. Follow-up arrangements have been made with one of them.

More information via www.zorgvoorinnoveren.nl

Annex 6 Report workshop Learning from each other's implementation challenges

The Amsterdam Center for Implementation Science hosted a workshop on **Learning from each other's implementation challenges and ideas**.

The meeting was introduced by Femke van Nassau. The aim is to share what we are up against, and then 1) to facilitate cooperation to solve implementation problems, 2) to give and receive input from peers and experts. This was done by using two cases.

The first involved research into plant-based nutrition in patients with rheumatoid arthritis or osteoarthritis with metabolic syndrome, among others. The researchers posed the question of how and where to start upscaling. Important tips/questions that came up were 'ensure a good connection between the world of research and the "real" world', 'is there a revenue model', 'ensure that participants are reached (digitally/physically)', 'physical meetings in particular offer good opportunities for interaction between those involved (participants, care providers, stakeholders)', 'make clear who takes the lead, who you need and who takes what role'.
The second case study concerned the implementation of the Happiest Baby Method (HBM). This intervention is offered in the Netherlands and the USA, but so far mainly to fairly educated parents. The aim of this study is to investigate how the intervention can be offered in more vulnerable neighbourhoods. Some tips and suggestions that were made are: Involve midwives', 'use mothers' cafes', 'use the different desks that parents visit'. The aim is for HBM to become usual care. Tip: include it within and/or as routine care.

Annex 7 Report on the lecture **Involving users**

By: Sanne van Hagen - Vrienden van Verandering - Projectleiden, Organiseren en Trainen op een inclusieve manier and Anne Hendriks - ervaringsdeskundige

In the form of an inspiring theatrical lecture, the speakers showed that it is sometimes difficult to work with people with disabilities. But not impossible and certainly worthwhile if you take the time and rest for it. The aim is an equal cooperation in which you move with each other, see each other as total human beings and touch each other, so that the cooperation becomes normal. The speakers work together and set a good example. When you talk about cooperation, it helps to do it yourself first. Or at least to feel the urgency. And that is only possible by first connecting with yourself.

Sanne and Anne then gave a presentation on inclusive implementation of technology or other care interventions. Implementing in this case means that the people for whom it is intended will actually use the intervention. Cooperation is an essential part of this. There are different ways of cooperation such as knowing, thinking, assessing, participating, deciding (participation wheel/ladder). On the basis of 4 phases of implementation, they gave beautiful examples from their own practice and experience. It was about the steps: preparing - pilot - implement - evaluate, and this in relation to feeling / thinking / doing. The most important take-home message? That you start a dialogue to start a cooperation, even if you don't know how.

Annex 8 Report on the workshop **What everyone should know about implementation strategies** by Meike van Scherpenseel (Utrecht University of Applied Sciences) and Patricia te Pas-van der Laag (UMC Utrecht).

Which model?

First of all, it is good to know that there are as many as 159 implementation strategies or frameworks, which Nilsen categorised in 2015 into 1. process models, 2. models that indicate the impact of implementation and 3. evaluation models for implementation (Implementation Science; 10/53). It is clear that there is no single model that fits the change you want to bring about and the context in which you want to do that. It is therefore a matter of combining. Fortunately, there are several tools that can help you with your choice, such as the process model by Grol and Wensing or the Consolidated Framework for Implementation Research (CFIR).

Impact of implementation

When implementing, it is important to keep this formula in mind: effectiveness of the innovation x context x effectiveness of the implementation strategy = the impact of implementation. Assuming that the innovation you have is proven to be effective, the next step is to analyse the context and choose effective strategies (the how of implementation) that fit your case. The Cochrane EPOC database is a good place to start. Prioritising your choices can be done using the TICD checklist (the integrated checklist of determinants of practice).

If, after making your choice, you want to elaborate the strategy(s) into concrete actions, you can use implementation mapping, ZonMw's tools or Proctor's guidelines.

Case studies

The Utrecht implementation programmes Pumpfit (https://juliuscentrum.umcutrecht.nl/nl/studies-en-cohorten/pump-fit-studie) and Friend (https://www.hu.nl/onderzoek/projecten/friend-valpreventie-implementatie-studie) offer concrete examples of a systematic approach to implementation using different types of models. The workshop (HYPERLINK) and accompanying sheets explain the steps and tools used: the goal formulation and diagnosis phase, then the phase of identifying influencing factors and a corresponding plan with strategies for implementation, and finally testing, adjusting and evaluating the implementation. Appropriate models and tools are used in each phase.

Appendix 9 Workshop on the Knowledge Agenda for Implementation by Femke van Nassau and Anouk Driessen, Amsterdam UMC.

On Friday 28 January, Femke van Nassau and Anouk Driessen from the Amsterdam UMC began with a presentation on the **Implementation Knowledge Agenda** on which they are working as part of the NIC research group. By means of a Delphi study among researchers and a field consultation, they came to an image of where knowledge is needed. People mean different things by implementation research: sometimes it is about the transition from development to application in practice, sometimes there are research elements within an implementation process, such as a stakeholder analysis, and sometimes the aim is to gain generalizable implementation knowledge.

There is a need for knowledge about implementation as well as securing, scaling up and de-implementation. The impression is that the latter topics are more prominent than in previous (international) knowledge agendas. Within these areas, there are questions about how to deal with long lists of determinants and the interaction between them. Also about the relationship between determinants and implementation strategies and how to choose and prioritise. There is a need for knowledge about suitable research designs for generalisable knowledge, use of routine data and validated measuring instruments applicable to the Dutch situation. There is a lack of overview of all the theories and frameworks and knowledge about how to adapt them. Models should be tested more on effectiveness and more models should be available for de-implementation.
The questions from the field consultations corresponded to those raised by the researchers, but they were more focused on HOW, what should I do?

The work is not finished yet, but the discussion quickly turned to the next steps: how to take this agenda forward and also to see if all questions need to be answered with new research. More syntheses of existing knowledge, more dissemination of knowledge through training and consultation, more implementation research in existing projects, use of students and their assignments and the 'capture' and bundling of experiential knowledge emerged from the discussion.

Annex 10 Implementation game

Carian van der Sman of Impulsor agency led a **lunch meeting** where participants played an online implementation game. It was a fun activity that covered issues that come into play during implementation, characteristics of teammates and getting a picture of the situation. In 2 to 3 hours, you can work on strengthening the team spirit and reflect on what to do during an implementation project. More info via this link: **https://impulsor.health/implementatiespel/**

Annex 11: Report meeting Storytelling

As the very last activity of the week, Yasna Abegg, Clair van Baal and Esmay Vos discussed a case by means of storytelling through their implementation 360º methodology. They use a 5-phase model for their clients and, by means of short films, went through a case study about 1 ½ ljjns care for orthopaedic care. A practical example where the role of implementation coaches proved important. **More information via this link:** https://www.onlinezorginnovator.nl/