

Implementer and researcher perspectives on sustaining, spreading and scaling up, quality improvement interventions

Celia Laur, PhD, MSc, FHEA

Postdoctoral Researcher

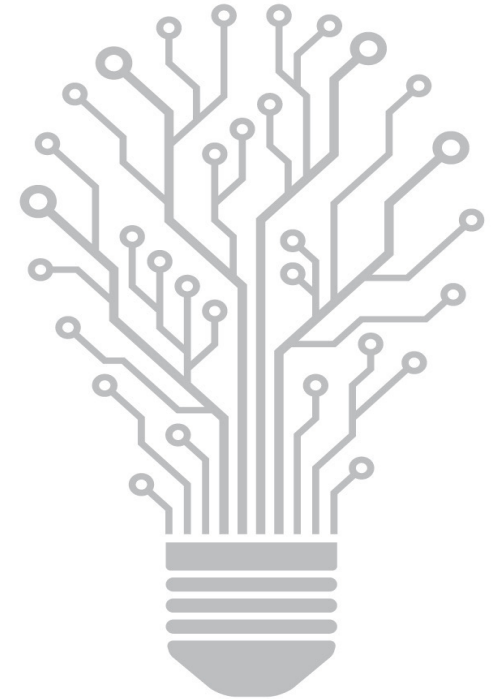
CIHR Health System Impact Fellow

Diabetes Action Canada Intercentre Trainee

Women's College Hospital, Toronto, Canada

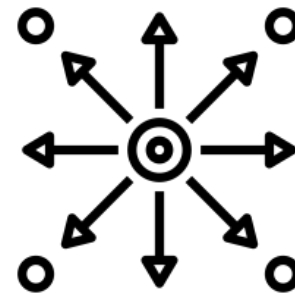


@Celia_Laur



Background

Quality Improvement (QI) programs rarely consider how their intervention can be sustained long term, nor how to spread to other locations.



Objective



To explore implementer and researcher experiences with **sustaining and spreading** of quality improvement programs that effectively improved care for people living with diabetes, **after termination of initial funding** of the program.

Methods

- A systematic review of diabetes quality improvement interventions published between 2004 to 2014
- Surveys of authors about sustainability and spread
- Interviews with authors of these studies
- Verbatim transcription
- Inductive thematic analysis
- Verify results and case examples with participants



Survey Results

78%

(73/94) of trials observed improved quality of care



40%

(29/73) of these trials were **not sustained** following study completion.



19%

(4/21) of programs were sustained when it did not lead to improvements



Participants



11 trial authors (13 studies)

Professions:

- 5 Physicians
- 2 Pharmacists
- 2 Non-clinicians
- 1 Dietitian
- 1 Psychologist

Locations:

- 8 United States
- 2 Canada
- 1 Australia

Results: Case Example

- **The Challenges of Scaling Too Quickly**

EXAMPLE

Results: Career Trajectories

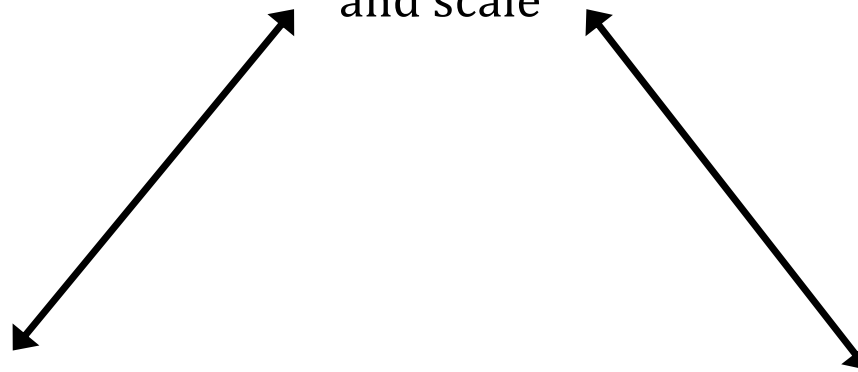


- One participant had developed an effective intervention and then left academia to implement it at scale.

“One of the reasons I left my position as a research professor... is that I want in fact the things that I had shown worked and get them up to scale in the real business world.” 009

Concept

Understanding implementation,
sustainability, sustainment, spread
and scale



Capacity

The support, time, resources,
and funding needed by the key
people

Competencies

The knowledge and skills
needed by all involved

Patient and Public Involvement



- Involvement of lived experience advisors was rare in the original studies.
- More recognition now that their involvement is becoming more common.

Co-Creation

- The relationship between community partners and researchers is crucial for initial implementation.
- Role clarity is needed after funding ends.

“We identify ‘helicopter researchers’ that come into a project and step out, and that’s a classic example of how to allow your research to fail and your community to become disenchanting.” 008



Discussion



- A greater understanding is needed for how to **support and train** those interested in having a sustained impact.
- To achieve sustained, population level impact, **Learning Health Systems aim to encourage change processes that adapt to system need and are continuous over time.**
- When case examples are considered in line with development of Learning Health Systems, more focus is needed on understanding **how adaptation is considered and monitored.**

Strengths and Limitations



- Recruitment challenges
- Memory challenges (14 years!)
- Advantages of exploring changes over time
- Career trajectories
- Different contexts

Published!



Laur et al. *Implementation Science Communications* (2021) 2:35
<https://doi.org/10.1186/s43058-021-00137-6>

Implementation Science
Communications

RESEARCH

Open Access

Trialists perspectives on sustaining, spreading, and scaling-up of quality improvement interventions



Celia Laur^{1*} , Ann Marie Corrado², Jeremy M. Grimshaw^{3,4} and Noah Ivers^{1,5}

Abstract

Background: Quality improvement (QI) evaluations rarely consider how a successful intervention can be sustained long term, nor how to spread or scale to other locations. A survey of authors of randomized trials of diabetes QI interventions included in an ongoing systematic review found that 78% of trials reported improved quality of care, but 40% of these trials were not sustained. This study explores why and how the effective interventions were sustained, spread, or scaled.

Acknowledgements



Noah Ivers, MD, PhD, CCFP

Family Physician, Women's College Hospital
Canada Research Chair (Tier 2) in
Implementation of Evidence Based Practice
Associate Professor, University of Toronto



Ann Marie Corrado, MSc

Innovation Spread and Scale Lead
Peter Gilgan Centre for Women's
Cancers
Women's College Hospital

Jeremy Grimshaw

Clinical Epidemiology
Program, Ottawa Hospital
Research Institute, Ottawa,
Department of Medicine,
University of Ottawa,

Thank you!

Celia.Laur@wchospital.ca

@Celia_Laur