

# Improving the implementation of transitional care innovations

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# CHAPTER

Impact

# 9

Successful implementation of Transitional Care Innovations (TCIs) should not be taken for granted. Consideration of contextual factors and usage of implementation strategies are fundamental for any prospective initiative to implement TCIs in long-term care (LTC).

The outputs of this dissertation contribute to the key objectives of the European TRANS-SENIOR research consortium (1) to improve the implementation of TCIs and hence enhance the delivery of transitional care for older persons.

## **PROMOTING SOLUTIONS FOR AN AGEING SOCIETY**

As global societies age, older persons demand more LTC services and face frequent care transitions between multiple care settings (2). Care transitions come with a high risk of negative health consequences and poor quality of care (3, 4). Therefore, innovations to deliver better transitional care for older persons are needed. TCIs are desirable solutions to enhance transitional care for older persons (at the individual level) and to relieve the increased pressure on LTC service demands and social care systems (at the societal level) (5). Worldwide, the development and implementation of TCIs have gained momentum and been applied more recently. Thus, the findings of this dissertation can have a large societal impact. Primarily, it will inform governments, policymaking entities, organizations, and innovators in LTC on the existing challenges in implementing TCIs and provide evidence-based practical methods to improve the process. Furthermore, it will offer guidance on the proper implementation of TCIs to help translate these innovations into the real world, increase their reach/use, and improve their sustainability. This will contribute to strengthening LTC delivery systems, reversing the negative effect of care transitions in societies, and thus achieving better population health.

## **GUIDANCE FOR LTC ORGANIZATIONS (PRACTICE)**

Guidance on how to implement successfully available TCIs is needed in practice. LTC organizations can benefit greatly from first, knowing the existing types of TCIs and their key components; second, knowing what factors predominantly influence the implementation of TCIs in different care settings; and third practical methods to use in implementing TCIs. Key guiding tools developed in this dissertation can be valuable for practical use. The established compilation of 20 different TCIs (chapter 2) can increase the knowledge and awareness of healthcare professionals on a wide range of available innovations implemented previously in multiple care settings. Moreover, the thorough description of these TCIs (i.e. care transition pathways, target population, aims, and key components) is informative and helps limit re-creating similar innovations in practice. Instead, practice can select an existing TCI and focus

more on its implementation rather than development. This can help save time and effort, often scarce in LTC organizations, to develop TCIs from scratch.

Furthermore, the list of priority factors that influence the implementation of TCIs is another guiding tool for practice (chapter 3). Insight into the critical barriers and facilitators is instrumental in helping LTC organizations assess their readiness and capabilities to implement a TCI. This can serve as a checklist to support innovators and implementers in practice to understand early on their specific implementation context and judge whether a new TCI has a chance to be implemented.

Additionally, the set of selected implementation strategies for TCIs (chapter 6) provides an extensive list of strategies to guide implementers in practice. This set provides multiple suggestions on how to use each strategy in a practical way to implement TCIs. Therefore, future projects on implementing a TCI in practice can start with a clear guidance on implementation by utilizing the three complimentary outputs of this research – the list of available TCIs, important factors to consider, and the relevant implementation strategies and their practical applications. Moreover, this work will be shared with various LTC partner organizations within the TRANS-SENIOR consortium. Specifically, the Living Lab in Ageing and Long-term care in the Netherlands will use the set of implementation strategies (chapter 6) in future studies on implementing innovations for care transitions from home to nursing home settings.

## **INFORMING FUTURE TRANSITIONAL CARE POLICY**

This dissertation can help inform future LTC policy at a European level. Findings on priority factors that influence the implementation of TCIs can provide input for the development of future policies to support the implementation of TCIs (6). For example, financing of TCIs' implementation is an important barrier and thus can be used as a key issue to address in a policy brief presented to policymakers at national/European levels. In addition, having frontline staff with a transition role is an important facilitator and can be used as a key recommendation in a policy brief created for LTC organizations. Similarly, the selection of implementation strategies for TCIs can guide organizational policies on implementing innovations. For instance, the strategy 'perform organizational diagnosis and feedback' can be developed into a policy that demands LTC organizations to assess their context and prepare before any prospective project to implement a TCI.

Furthermore, partner organizations within the TRANS-SENIOR consortium - AGE Platform Europe and the World Health Organization - are prominent parties in shaping future LTC policies. Hence, they can use the findings of this dissertation as insights for their advocacy

and policy development work at the European level. Moreover, based on the findings of this dissertation, a set of policy briefs will be created and dialogues with national stakeholder groups on LTC in Europe will be held. These dialogues will highlight the existing issues in implementing TCIs, the research findings, options for consideration, and recommendations to promote successful implementation.

## **DISSEMINATION OF FINDINGS**

The findings of this dissertation were disseminated through various channels. Studies conducted were published in peer-reviewed, international, and high-impact open-access scientific journals such as *Implementation Science* and *The Gerontologist*. Moreover, findings were presented at multiple international conferences such as the European Implementation Event, and the Gerontological Society of America Annual Scientific Meeting. Furthermore, findings were shared among the TRANS-SENIOR consortium network, other researchers, and partners through regular webinars and training events.

The TRANS-SENIOR consortium website hosts all the published articles of this dissertation and a YouTube video summarizing this research (1). An online toolbox of implementation strategies will be developed based on the outputs of this dissertation and will be made available in English on the websites of the Living Lab in Ageing and Long-term care (Academische Werkplaats Ouderenzorg Limburg) (7) and TRANS-SENIOR (1). This toolbox will be freely accessible for use by healthcare professionals planning to implement TCIs and will help to widespread innovation in LTC practices.

## **BECOMING A HEALTHCARE INNOVATOR**

On a professional level, performing this research within TRANS-SENIOR has equipped me with the necessary knowledge, research expertise, and transferable skills needed to become both a healthcare innovator and an independent researcher. Being part of a multidisciplinary and multi-sectoral consortium as well as working with proficient research groups on LTC and innovation has built my capabilities to create solutions to improve transitional care. Moreover, I gained a large network of fellow researchers, innovators, implementers, and experts across Europe.

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