

Implementation Science: Moving Evidence-based Practices into Real World Settings

BY MARGARET WALLHAGEN

Those of us trying to improve communication access in health care and other settings are interested in learning about practices designed to improve communication that have been developed and tested by public health researchers. Importantly, such programs, evaluated in the context of a research study, do not always work when tried in other settings. In addition, it commonly takes years for the information obtained through research to reach practice. In health care, the breach between evidence and implementation has been called the “knowledge to practice gap.” Implementation science explores strategies or methods that will help get what we’ve learned and what has been found to be effective in research studies into general policies and practices.

Researchers and practitioners doing implementation science work ask questions about why and how an evidence-based intervention was effective. These questions address the barriers as well as the facilitators—factors that help make the intervention work—of a practice or policy. These include not only the actual components of the practice but also the context—people as well as the setting—within which the practice was designed and tested. Knowing these factors is essential

when considering trying to integrate the practice in a different, more generalizable and less controlled setting.

Can I Use that Idea? Will it Work?

For example, you might read an article about how one hospital was able to address the communication needs of all those admitted who experienced varying levels of difficulty hearing. It sounds promising, and you think it would be of great value to have such a practice at the local hospital. Yet, when looked at closely, the site where the program was studied might be a large hospital with abundant resources, an audiology department that is integrated into the setting or leadership that emphasizes an inclusive environment. Perhaps an additional characteristic of the research setting is that most individuals who are admitted have good health insurance. If one wishes to consider such a program, all the factors that may have made the program successful must be considered, and then we must look at what is present in the setting where we would like to see it implemented. Is it a realistic model to consider? Are the people studied like those in a local setting? This latter point is most exemplified in studies when the inclusion criteria—used to recruit individuals



to be in the study—may have very different health conditions than people who may potentially use the treatment. Do the findings translate to this latter group of people?

Implementation science has a variety of frameworks that help researchers and practitioners to both consider all the various aspects of a project and study the site where a practice is being considered for adoption. Sometimes, best practices have to be modified when used in a different setting than the original one. If this is true, we need to understand what the core or most essential aspects of the program are—what can't be changed if the project is to be successful; what might be somewhat modified and still be effective?

If we decide to incorporate a new practice, we can then use a strategic approach to testing—how it actually works in our setting. In short, implementation science provides strategies that help move evidence into routine practice in real world health care environments. **HL**



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global burden of hearing loss and has served as a consultant to the National VA Geriatric Emergency Department

Advisory Council focusing on creating age-friendly emergency departments. She recently completed a term on the HLAA California State Association Board and is former chair of the HLAA Board of Directors.

Program Update

- In June, members of the Communication Access in Health Care (CAHC) strategic team joined with patients, providers and administrators invested in improving communication accommodations in health care for an informational meeting on communication requirements under the ADA, sponsored by the United States Attorney's Office for the Eastern District of Virginia.
- To explore the use of automatic speech recognition (ASR) in health care settings, CAHC team members facilitated a trial placement of Android devices loaded with Google Live Transcribe in select facilities.
- CAHC continues to participate in the Disability Equity Collaborative Work Groups for Research, Documentation and Standards and the Patient Provider Communication Network Forum.
- Our column in the spring 2023 issue of *Hearing Life* magazine describes one hospital's approach to successfully providing systemic, preemptive accommodations to patients with hearing loss: www.hearingloss.org/magazines/spring-2023/

Are you a veteran living with hearing loss, tinnitus or other auditory issue?



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The mission of the HLAA Veterans Across America Virtual Chapter is to provide education, be an advocate for veterans with hearing loss and to provide a support system to help them return to civilian life.

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