**Identifying facilitators and barriers to the implementation of ChIP for the HIP**

This table identifies the facilitators and barriers to the implementation of ChIP for the HIP. It is based on the Theoretical Domains Framework – an evidence based behaviour change framework, which when applied properly, is known to result in successful and sustained implementation of interventions. If you would like to read more about it, here is a great summary <https://implementationscience.biomedcentral.com/articles/10.1186/s13012-017-0605-9>

The first step is to identify the behaviour(s) that need to be changed to address the implementation of ChIP for the HIP. In the contexts in which they are performed, the key behaviours are often interdependent with other behaviours within the individual and with behaviours of others. Other attributes include the inherent complexity of behaviour, including whether it is performed by individual healthcare professionals or by healthcare teams.

Then, the next step is to specify these behaviours in terms of who needs to do what differently, when, where, how and with whom?

And finally, we consider prioritising behaviours include (i) how modifiable it is likely to be and (ii) how central it is in bringing about the desired change in clinical practice.

Once we have decided on all these, we can map our facilitators and barriers to interventions known to work (we use the Behaviour Change Taxonomy)

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| TDF domain | Factors affecting implementation of ChIP for the Hip | Which staff? | Interventions (phase 2) |
| Knowledge*An awareness of the existence of something and how it works* | Knowing how to activateKnowledge of eHIPKnowledge of relevant component *All hospital staff to be educated about eHIP in case Ortho ward is over census**? Some confusion about ChIP for the HIP team, conflict having* *ChIP and HIP together* |  |  |
| Skills*An ability or proficiency required through practice. Skills, Skills development, Competence, Ability* | Staff know how to find patientStaff know how to order xrayStaff know how to do FIB*We need this for each component of the pathway**Anaesthetic registrars need to be taught FIB. This requires the trainer and the registrar to be available to be released from their duties to perform the block.**Who will attended to FIB and When? If only anaesthetics to do FIB conflict with Theatre times* |  |  |
| Social/professional role and identity*A coherent set of behaviours and displayed social qualities of an individual in a social or work setting, Professional identity, Leadership, Organisational commitment* | Staff know what their particular role is when activating and respondingStaff know what their particular role is when patient is on wardISLHD supports each staff member doing their roleHeads of department support respective role*Need to outline this for each staff member*Staff feel like a valued member of the ChIP for the Hip team |  |  |
| Beliefs about capabilities*Acceptance of the truth, reality, or validity about an ability, talent or facility that a person can put to constructive use e.g.**-Self-confidence, Perceived competence, Self-efficacy, Empowerment* | Staff are confident in their respective roleStaff know they are empowered to complete their roleStaff feel confident to 'speak up' to communicate a problem to other members of the team*Follow-up for team regarding patients, services updates, improvements at committee* |  |  |
| Belief about consequences*Belief, outcome expectancies, consequences* | Staff think there will be a consequence if they do or don’t complete their roleStaff are confident that they will receive consistent support when they activate ChIP for the HIPStaff are regularly updated on the outcomes of patients they have helped – stats, case studies*Staff feel confident in activating Pathway eg understanding of what happens post call.**Staff given feedback regarding Pathway outcomes. Eg improvements in patient care etc.* |  |  |
| Motivation and goals*Mental representations of outcomes or end states that an individual wants to achieve* *Intention, Goals, autonomous, controlled, Intrinsic motivation, committed to the intervention* | Staff want to use ChIP for the HIPStaff are given clear guidelines to achieve – eg Max timeframes for responding, how long until surgery, etc*Must have set times/guidelines regarding team responsibilities and goals that need to be met.* |  |  |
| Memory, attention and decision processes*Decision-making, cognitive overload, memory, decision making, cognitive overload/tiredness* | Staff remember to activate ChIP for the HIP Staff remember how to use ChIP for the HIP appropriately*Education to promote when to activate Pathway and how to use pathway.* |  |  |
| Environmental context and resources*Resources, Salient events, Organisational culture, Person and environment interaction, Barriers and facilitators* | Availability of Operating timeAvailability of operating staffHow to find the patientNotifying all relevant staffAvailability of equipment to perform procedures Availability of staff to perform each componentStaff to be released for trainingDifficulty accessing anaesthetists time from theatre to do block.We don’t have sufficient ultrasound resources to always do the blocks. Massive increase in blocks, risk of taking ultrasound off the theatre floor.Pain round explosion with increased patients, and increased blocks. Outside registrar has a number of responsibilities including preop consults, pain round, labour epidurals, cardioversions, arrest. Blocks need to be prioritised without impacting on care of other patients.*Theatre time* *Anaesthetic Registrars to do FIB, Increase Workload/Demand**? Dedicated Registrars for FIB, Pain round* |  |  |
| Optimism*The confidence that things will happen for the best or the desired goals will be attained**Optimism, pessimism, unrealistic optimism, identity* | Staff will think that other staff will respond to their role in ChIP for the HIPStaff will think the ChIP for the HIP will be good for staffStaff will think that ChIP for the HIP will be good for the patient*- Promote goals for pathway, ease of use of pathway to promote patient care.**- Case studies/Patient follow-up*  |  |  |
| Social influences *Those interpersonal processes that can cause individuals to change their thoughts, feelings and behaviours. Social norms, social pressure, group conformity, social support, intergroup conflict, modelling* | Staff using ChIP for the HIP will think that their peers, bosses, managers, patients support ChIP for the HIPThe ChIP for the HIP team members will work together*-Promote goals for what pathway will look to achieve* |  |  |
| Emotion*Fear, anxiety, affect, stress, burnout* | Trust and respect between staff members Team conflict impacts patient careStaff can’t be bothered to learn and use another protocol*-New pathway = new processes, entails anxiety. Updates and education to alleviate anxiety* |  |  |
| Behavioural regulation*Anything aimed at managing or changing objectively observed or measured actions i.e. self monitoring, breaking habits* | Compliance with activating and respondingCompliance with monitoring |  |  |
| Reinforcement*Increasing the probability of a response by arranging a dependant relationship between the response and a given stimulus, rewards, valued/not valued, Incentives, punishment* | Managers will reinforce activation and responding*Leadership teams to push use of pathway* |  |  |
| Intentions*A conscious decision to perform a behaviour or a resolve to act in a certain way, stability of intentions* | Staff will remain engaged with ChIP for the HIP*If positive results come be shown from using the pathway and clear patient care goals can be seen then engagement of staff will be easier* |  |  |