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**Contextual barriers to the scale-up of evidence-based practices in healthcare: insights from a focused ethnography**

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**Objectives/aims**

Addressing the variation of provision of known effective evidenced-based practices (EBPs) beyond one setting to others is a challenge to health service systems worldwide. Local contextual factors are commonly cited as a determinant of this. There is a dearth of contextualised implementation research and a need for further empirical work on the barriers that can prevent the successful scale-up of effective practices. Our aim was to gain insights into the influential contextual factors hindering the scale-up of evidence-based practices in acute healthcare settings.

**Methods**

We focus on two community-academic collaborative projects: (1) the stroke project sought to spread improvements to the time-critical thrombolysis treatment pathway across hospitals in the south-west of England; (2) the PIC project aimed to spread the implementation of patient-initiated clinics to improve patient follow-up care between departments in one hospital. We undertook a focused ethnography to explore how context impacted on progress and compared scale-up within and across sites. We collected data from interviews, observations and documents. The Consolidated Framework for Implementation Research (CFIR) informed our design, data collection, analysis and interpretation.

**Main findings**

Our study supports the need to attend to the local organizational context in which seeking to scale-up EBPs, particularly the climate and readiness for implementation and the available resources. Other contextual influences included peer pressure and patient focus (macro-level) and the knowledge and beliefs of key individuals about the EBPs (micro-level). Additional barriers we observed related to the intervention characteristics and the process of scale-up. We identified transferable lessons about the key barriers impacting on the scale-up of EBPs. Finally, we reflect on our use of CFIR and identify potential areas for the extension of such frameworks to inform implementation research.