Reductions in criteria.
Attempts and ideation, including a one and two year follow up.
And here’s just an example.

And here’s just an example.

Oh, I’m sorry, Tracy. This is Donna Spiegelman.
I raised my hand- Oh.
Through the screen.
But I’m not sure how that’s monitored,
or if you can see whether people are raising their hands.

But I had a question,
if you could go back to the previous slide.
Just starting with,
sending patients who are suicidal,
and you mentioned something about screening for them.
Could you say a little bit about how that’s done?
’Cause that can be a very big part of a project like this,
especially when it’s, like, scaled up.
Absolutely, so in the VA, they have implemented
the Columbia Screener in emergency departments.
And this is being implemented in the ED, by the way.
So they are screened when they present
to emergency departments using the Columbia.
And that’s already been in place,
and we are building off of that.
So every person who goes to a VA emergency room, as part of the standard of care, they're getting this screener? Absolutely. And then its result is entered into the computer? Absolutely. Yep.

Lots of screening at the VA. They get screened for all sorts of things.

Okay. Thank you. I can’t see if anyone raises their hand. Just throw something at me if that happens again.

Okay, so these are examples of Caring Contacts that we adapted for veterans, of course.

There is no Ms. Squirrel, of course. That’s just the example.

So you can see very non-demanding.

We value your health and are honored to serve you.

And then they also get birthday cards, and they get another card on Veteran’s Day. Of course, it’s always helpful to have a framework borrowed from implementation science.

if you want to successfully implement something.
And our framework is the i-PARIHS Framework.

So the i-PARIHS has these different dimensions, right?

And it hypothesizes it.

It’s this magical combination of context, innovation and recipient characteristics and qualities when they are joined with facilitation that results in successful implementation of a practice in a clinical context.

And in keeping with that theoretical approach, we are using facilitation, the implementation strategy.

Of external facilitation actually, to help implement Caring Contacts in the ED.

And this is our study design.

We bring the sites on in waves. Obviously you don’t want to bring all 28 sites on at once.

So well, what was intended, what was planned is that they would get six months of facilitation support.

And we would bring them in four waves.

COVID hit.

Taking a bit longer for some sites.

To implement than we thought it would.

And we’re actually moving into a fifth wave.

I think fairly soon.

So things have changed as they often do.

in research in the real world.

It’s a mixed methods evaluation.
I won’t cover the quantitative part, because frankly we could spend all day just talking about the entire approach to getting this project off the ground. We’ll just talk about the qualitative eval.

And the overarching aim is really to identify the contextual recipient and innovation factors that impact implementation, and that’s pretty easy.

The challenge that was put to me was understand how barriers and facilitators impact implementation as a process.

And that was reiterated to me multiple times, implementation as a process over and over again.

And so I had to think of how exactly would I go about understanding how barriers and facilitators impact this process.

Cause of course we collect data at discreet time points, and what you have is a window into one time point.

So how do you move that into a process?

For the part of the evaluation that I’ll be talking about, what we’re doing is leading 30 minute dyadic debriefs with a team of external facilitators.

They’re biweekly until the first Caring Contact is sent.

And then once the site moves into sustainment,
we switch to monthly debriefs.

As of today, we’ve led 100, as of September, I should say September 10, we had about 169. I think we’re close to about 180 at this point. And then we’re also leading interviews with stakeholders and veterans, but I won’t be talking about that moving forward.

These are what the debriefs look like, or at least a snapshot of part of a debrief. It’s the typical sort of probing around, what are the barriers and facilitators. And of course as we move forward because they’re biweekly, they change, and they also change significantly depending on the time point.

So we have a certain debrief that we used to collect data while they’re actively implementing. And then we have another one when the implementation plan has been finalized. And then we have another one that we bring in after the first Caring Contacts have been sent to understand what is going on in these clinics while they’re trying to implement.

To meet this challenge of approaching implementation as more of a process and as discreet time points, I have chosen really a two-part approach to analyzing our data.
And that’s first we are the qualitative researchers that are leading the debriefs. Very quickly record key implementation events and other important things that are happening during implementation in these brief narrative summaries, which I translate into data visualizations that help us understand where the process of implementation progressed and where it stalled. Secondly, we are templating each debrief using individual templates which essentially organize and reduce our data. Then we are synthesizing individual templates into site matrix displays that further reduce the data and help me make comparisons across time points and across sites. And these I’m translating into case studies. That’s how I’m presenting the findings that come from the matrices. I don’t wanna go through the analytic approach one by one because I’m worried that we won’t get through the whole presentation in time. But what I really want to emphasize to everyone on here is that time was actually the least important reason for me to choose rapid analytic approaches for this project.
I knew that we would have enough time to analyze the data. It was really more about the research questions, the goals and the challenges collaborating across sites. Two of my analysts are located, sorry, one of my, no, two of them. One is in Iowa City and one is in California. And sharing analytic programs in the VA can get really problematic. What templating allows us to do is get around those problems because templates are developed in Word documents and that’s much easier in the VA. So that was really honestly my primary concern is if this thing stalls because we run into problems with the program and sharing across sites, we are in a lot of trouble. That was the primary consideration rather than the timeframe for this study. And to emphasize that this is a team effort, this is how we manage every step in the analytic process. You can see the debrief on the left. This is for one site, 695, and then each person along the way has their own role, right? It’s audio recorded by the person leading the debrief, then transcribed, and then there are these different steps.
in the analytic process.

It’s first templated.

So each debrief is analyzed independently.

And then I begin bringing those data

into the matrix to synthesize it.

And what often happens is I have questions,
I have comments

and using the track changes

and the comments feature of order,

I can create this dialogue with that primary analyst

to help me understand what’s going on in that template

before I move it into the matrix.

And then once we’ve gotten through that process,

then I can indicate that the matrix is complete.

But it is a process and it takes a heavy lift,

a lot of collaboration, a lot of coordination.

Earlier I spoke of these ongoing brief narrative summaries.

These are what the researchers immediately

after they’ve led a debrief,

they record their observations and they need these actually

not for analysis so much

except for the key implementation events,

which I bolded in this for you.

What they really need it for

is to remind the external facilitators

of what they talked about during the prior debrief,
because they’re doing so much work across so many sites
that people just can’t always remember what they said the time before.
So it serves a dual purpose of recording these key implementation events while helping team qual to keep the facilitators on track.
And then we have templates.
For those of you who haven’t heard of template analysis,
again, they’re just Word documents that you use to summarize and organize content from individual interviews or focus group discussions.
They can be theoretically informed as the one I’m going to show you has been.
Or they can be goal-oriented, meaning, you know,
just let’s say you want to adapt a program that is delivered via internet to veterans and you need to collect data that will help you adapt that program.
So you might just organize your template instead of using theoretical domains or categories.
You can say look and feel changes or recommendations if they don’t like the language that’s used.
So they focus analysis.
You generally start with some deductive domains and categories while permitting discovery. And you’ll understand that a little bit better in just a second. Most importantly from my perspective is that when you’re an anthropologist working in implementation science, templates can provide this common language between you and the other people on your team that can help you communicate with them and they can help you translate your findings much more efficiently down the road, whether it’s in presentations or publications or in improving a process. So this is an example of what I call a master template. And it’s just a template that everyone goes into and makes a copy of before they begin analysis. This one has some deductive categories in black, and you can see the inductive categories, domains, here you go, domains from thei-PARIHS, categories and subcategories over here. The ones that are in blue are subcategories that we have developed inductively while analysis is ongoing. So you begin deductive and you build in your inductive categories and subcategories as you proceed.
You bring them into the master. And then when it’s time for the next episode, if you would, data collection episode to be templated, they have it here. They make a copy of the master and away they go. And this is what a template looks like after it’s been completed. You have your domains from the i-PARIHS, again, some more categories and subcategories. For this one, you can see they don’t have as many categories and subcategories, ’cause when you don’t use them for any particular template, you delete them off. You only keep the ones that emerged during that data collection episode. And then you have your content from your debriefs or your interviews or your focus groups. However it is that you are collecting data. So you go into your transcript and literally just copy and paste, and often as you can, I think you can probably see my pointer. Can you? Yes. You need to get a little bit creative, right? Yes, we can see the pointer. Great, thank you. We all know what qual interviews are like.
If it’s a good qualitative interview, you ask a question and people talk and talk and talk. So you have to reduce those data. If you’re putting, you know, oceans of words on your template, your template can’t tell you a story, because you’ll be drowning in those words. Right, the beauty of a template is that it reduces those data for you. And what you see is this beautiful coherent story of one data collection episode of what was happening at that site, at that point in time. The barriers and facilitators that either helped or hindered implementation of this particular practice, in this particular clinic, in this particular point in time.

So delete off everything that didn’t apply, keep everything that did, reduce it down to its bare essence and it tells you this beautiful coherent story. In the hands of a skilled analyst, of course. It does take time to pick up these skills.

And then after this, what do you do, right? Okay, great. So this is what happened at this clinic at this particular point in time. Now what do you do with it? Well, there are a few different things that you can do with it.
And what I chose to do was synthesize and further reduce it in what's called a site matrix.
And what makes our site matrices for this project a little bit different is that generally matrices tend to be organized by participants and by category, and you compare across participants. The way that I organized these was by time point, you'll see this in just a second, to allow me to get this processual insight into what's happening over time. And matrices give you a very broad overview, at least this particular matrix does, into when factors come into play, which factors are coming into play, and for how long they continue to impact implementation over time. And then on another tab, this is what a matrix looks like. On another tab, that is where the magic happens. That's where you put all your brilliant insights. All the, what I call qualitatively significant factors that impacted implementation. Those go on a separate tab. So here we go. It's in Excel form. <v Participant>So it's just one. Is it one site?</v>
This is just one site, yeah.

One site, I organized it by time points across the x-axis.

You can see there's been 18, at least for this one,

at the time that I took this snapshot,

18 different debriefs with facilitators from this site.

And here are all those categories

that you saw on the template.

And then in these fields,

I literally, again, just copy and paste

the subcategories, the barriers and facilitators,

and as much of the excerpts

as I think I need or want.

And another factor that has to come into play

when you're populating matrices

is how much data can you manage

before you're going to get overwhelmed.

I can wrap my head around a relatively large volume

of words of qualitative data.

So I tend to have matrices

that have a lot of words in them.

And I think other people not so much.

So here we go.

Here's an excerpt again, straight from the template.

And there's the magical tab.

That's actually, I put analysis there,

but it's actually the results tab.

So everything, what I do is scroll through that matrix,
and look over time. I scroll up and I scroll down. And I take a good hard look at what is happening. What are the qualitatively significant barriers and facilitators? So not just what’s happening, but what holds things up? That’s what I mean by qualitatively significant. There are always all sorts of things going on in the clinic, but what is really holding things up or speeding them along? That’s where you put your observations, if you would, of what’s happening in the data right on this tab. And then I’m doing even, to make my job even harder, I’ve decided that I’m going to take data from stakeholders and compare what the facilitators are saying and see what I come up with, because I just, I don’t know. I must have a masochistic streak in me or something. I just, nothing is ever good enough. I have to take everything to the next level. So what do you get then? What can you do with this? Well, one thing that you can do is build case studies. You can tell a story about implementation. Okay?
I’m not going to go through all three of these case studies. We don’t have time for all three. But early on in this project, I thought that a good idea would be to characterize implementation at each site. And so I called Case Study One, Rapid Implementation. It launched after only three months. Remember they were on a six month timeline. Case Study Two, I called Delayed, because they completed their formative evaluation on 5/29, but Caring Contacts didn’t launch for another six months. So they experienced some delays. And this one I called Interruption, because it was delayed and then later delayed indefinitely at the site. So let’s jump into... I’m no longer characterizing them by the way, because I’ve now discovered how to use these cool data visualizations, which we’ll get to in a second. That’s so much more informative about the process of implementation than characterizing them in this way. So Interrupted Implementation.

What the heck happened at this site in this case study? Well, you know, honestly, this was a site
where the facilitators anticipated implementation would be really easy, because they had a lot more facilitators than they had barriers. It was this frontier site, and of course, you expect, you know, these way out in the boonies, very rural sites to run into problems. But they had this incredibly cohesive clinic culture, and they had an influential and really motivated champion on site. And some key players, as in leaders, within the clinic were at the planning meetings. And this was the initial thoughts of the facilitators when we interviewed them. They’re used to just sending each other things and tasks. And even though it’s spread out, it meaning the clinic, it’s in different locations, they really, truly work together. But they are quick, and they are cohesive, and they are really well integrated, I think, given their setting. So they had these incredible facilitators there that everyone thought would really help them. But then unfortunately, they ran into some hitches here. They were having a really hard time using the SPED dashboard, which is how you identify
veterans who have been screened for suicidal ideation.

They had a really hard time learning how to use it to identify the veterans that they needed to be sending the cards to. And then of course, COVID hit, and people were pulled and reassigned to other places in the clinic, and they needed to be retrained. At this point, one of the facilitators said, "I'm not sure for how long we will be in the implementation phase, 'cause we can’t move forward 'til they’re able to fix the health factor link to the Columbia.” So they really just stalled, despite having every advantage it seemed. They stalled because of this issue with the SPED dashboard, and then of course, COVID.

That’s one thing that you can do, is these beautiful case studies that help you tell a story. And we know that our brains, our human brains like stories.

So this is a really powerful way to communicate what’s happening to the rest of your team and make course corrections.

But insofar as really understanding implementation as a process, these data visualizations are really what get you there.
It's not these case studies. And what we're visualizing are five key implementation events that are plotted along a line graph. And these are not complicated visualizations. This is what we end up with. Remember those key facilitation implementation events are kept in those brief narrative summaries, right? So you just go back to those, look at the dates and plot them. And what we've done is use a color for each phase of implementation and one dot is for each month. And you can much more intuitively grasp for how long implementation was ongoing, right? This site has fewer dots than does this site. What that means is this site took longer to implement and reach sustainment. Not only that, but in using colors, you can see for how long these sites were in each phase. So one one dot equals one month. You can see this moved along fairly, fairly quickly to sustainment. And you can see right here, right, this is where they were hung up at this site. This is where the process stalled between this formative eval and the implementation planning meeting.
And that’s because they ran into these problems with the SPED dashboard and then with staffing difficulties. And then they very quickly, once they got roll in here, they very quickly moved on.

So this is what’s really allowing us insights into implementation as a process. And I think that I might take this one step up and actually start plotting the barriers and facilitators on here. I think that could be really helpful. The really qualitatively important ones. And then imagine how that’s going to enable us to look across sites and see what’s happening across these sites and see if we can pick up on any patterns.

So what are we doing? What are we doing with these data? Of course it’s fun just to play with the data, right? I mean, I’m more than happy just to play with data, if that’s what you want me to do.

But on a project like this, we want to use qualitative data to inform facilitation/implementation. And some of the recommendations that we fed back to the larger team is that they need
to initiate contact with the leaders there on site early in the process of implementation. Because in the VA where you have this incredible hierarchy and you have your Caring Contact specialists, who are the ones identifying the veterans, getting the cards printed, signing the cards, and mailing the cards, they are really low down on this hierarchy, and they actually sometimes don’t know who to even talk to, to get what they need. And they do not often have direct contact with leaders. So you need to involve leaders in very early on in the process, because they’re the ones that help you get over these barriers. Stakeholders were saying that they weren’t really clear on what the roles were, what was expected of them, how much time it would take to implement and what the costs would be. And so the feedback was to communicate more clearly with stakeholders upfront about these aspects of implementation. Ensure that the site leaders are both influential and engaged. So they have to be at the implementation planning meetings and they have to be talking with the people who are implementing the interventions.
and empower stakeholders with knowledge.

Who do I talk to? Who do I go to if I need to get something printed?

Some unexpected insights that speak really, to implementation in general

is, you know, what constitutes a barrier at one site

isn’t necessarily a barrier at another.

And what we sometimes think of as facilitators aren’t always facilitators.

So leadership involvement can mean many different things.

It can mean helping and empowering stakeholders

or it can mean pressuring them

to implement something.

And you want leaders involved in the right way.

Virtual facilitation, it works for some sites

and not for others.

Even sites with every advantage experience delays,

as I said earlier.

Implementation readiness, particularly in a time of COVID,

it fluctuates over time.

A site that’s perfectly ready in one moment

might not be a month down the road.

I know there’s a move in implementation science

to try to measure implementation readiness.

And this is a real challenge to that movement,
because a site that’s ready now won’t necessarily be ready tomorrow. And what’s a barrier or a facilitator, you know, the definition of that changes from site to site.

So it’s really complicated. And how do we establish rigor in this process? One thing that my colleagues really respect me for is my rigorous approach to qualitative research.

And we establish rigor at multiple levels always during the process of analysis. First we, for this study, we independently templated the first three debriefs together and compared our debriefs to make sure our templates, to make sure we were all on the same page and everyone was interpreting the categories the same way.

At that point, I felt like we were good to go. Every fourth template still is audited by a secondary analyst.

When I’m working in the template or in the matrices, I can see if a template has been consistently organized. If content has been consistently organized in the template compared to what they were in the past, right? Because I have prior content from prior templates in that matrix.
And so if I see a discrepancy in how people are defining those categories, I kick it back to them, and I explain to them, I think this is how we’re interpreting this. What do you think? And then I use the Word’s comments feature to initiate a dialogue with those primary analysts, not only to ensure that we’re being consistent in templating, but also to verify my own insights into the data. Sometimes those come just looking at the templates rather than looking at the matrices. And I’ll show you what that looks like in a second.

This is a template after I’ve looked at it (laughing) and before I’ve moved it into a matrix, and they aren’t always quite this hacked into, but you can see where I have further reduced the data on here. I don’t need people’s names. That’s a lot of noise. I think I picked this up and moved it somewhere else. You can see I’ve done quite a bit in here. And for every edit, for every question, I leave a comment here for the primary analyst who was also the one who led the debrief, just to make sure that I’m understanding
things correctly, right?

Because I am now three people removed from the sources of data.

And so this dialogue is so important,

this constant dialogue with my team to help keep me on track.

Not just them, but keep me on track

that my insights are really valid.

And of course, I occasionally kick things back to the larger team and the facilitators to verify with them.

You know, I wanna be really forthright about these rapid methods.

I know there’s a lot of curiosity about them,

and there’s advantages and challenges to using them.

With templates, like I said, they provide this beautiful,

cohesive story of a single data collection episode.

It isn’t like coding where you sort of fragment your data

and then you have all these codes floating around.

It’s right there in a Word document.

You can use them if you’re using, you know,

like, a framework from implementation science
to structure your template.

It creates this transdisciplinary language

that an anthropologist can use
to talk with other scientists.

And your results are translated much more efficiently.
They’re translated by your template.
If you’re skilled at template analysis, your template will translate your data for you.
The challenge really with individual templates is that they look very simple.
People look at a completed template and think, "Oh, I can do that." That looks easy.”
But it takes a remarkable amount of work to get it to that point, right?
There’s reducing the data. What do I cut out and what don’t I cut out? That is a skill.
You can’t just stay at the surface.
Sometimes you have to unpack what people are saying, and you still have to do that with template analysis.
You can’t get in copy and paste mode and just go.
You have to continually sink in and dig deeper.
And you know, the same challenge that you get with coding, right?
Controlling the codes.
You can get to the point where you have, if you let yourself run away with it, far too many subcategories to be really helpful to you at all.
So you have to really control the proliferation of categories and subcategories.
And of course, maintaining consistency across templates is always a challenge. Matrices, of course, they do reduce your data, and that’s helpful when you’re dealing with such a large data set. It helps to ensure that consistency across templates.

And you know, as you’ve seen it permits longitudinal comparisons and assists in the development of these case summaries. But those matrices have a lot on them. And you have to find your way through all those words, words, words, right? I mean, it’s still just a lot to deal with. And the matrices don’t analyze the data for you.

You don’t stick them in the matrix and suddenly the magic happens. Your brain does that. It’s still qualitative research. You have to make sense out of what the matrix is telling you. So that’s challenging. And then finally, the overall approach, I mean, it really is allowing us to see implementation as this dynamic process that shifts over times, and sometimes it moves backwards actually. So that we can use those findings to, you know, inform these course corrections, if you would. It’s allowing us to share across sites without really delaying our project.
We’ve experienced no delays whatsoever using Word documents instead of computer software. And it’s very rigorous when you put all these techniques together. You know, the challenge is, for me, being three levels removed from the sources of data, that’s very challenging. I have to continually kick things back to my team and to not only team qual, but the larger team to ensure that my insights are valid. And it really requires consistent engagement. This is not a collection of techniques that will allow a qualitative team lead to just sit back and show up at weekly meetings and say, "So what’s going on?" You have to consistently engage with your data, you have to keep your team motivated, and project management is absolutely vital. Everyone has to be on top of things, because we all build, right, one after another. So if somebody drops the ball, somebody else has to wait for them to pick it back up again. Stop and see if anyone has questions?

Yeah...
That was all right.
(participant speaking indistinctly)
Ashley, are you available?
Yep, I'm here.
Yeah, so if anyone has any questions, feel free.
We have just five minutes, but yeah,
we'd love to have you ask some questions.
Yes, we have just five minutes, but yeah,
we'd love to have you ask some questions.
I have a question.
Oh, go ahead.
This is not (indistinct).
You mentioned, Tracy, that time wasn’t the primary reason
for adopting rapid qualitative analysis.
But for me, I’ve thought, like, especially
in implementation science, where you need this information.
at the stage and the formative stage
in terms of refining the intervention,
and you might need it for course correction,
that the rapid aspect
of the qualitative analysis is very important.
And I’ve worked in the past with other qualitative analysts
in studies where when they use the traditional methods,
they’re kind of on their own timeframe
and may take, like, three or more years
to fully process the data and write something up.
And by that time, the actual study might even be over.
Absolutely, well, especially if you take, you know,

what I call slow-mo longstanding sort of approaches to it.

For me, what I really like about these methods is the translation,
the ease with which you move from analysis to translating
your findings into something that’s meaningful.

And that’s always why I keep going back to rapid methods
and because I find them more challenging, honestly.

And I really like that challenge.

Did you wanna ask your question?

May I just say something?

I want to add a little bit more to this response.

And thank you very much for this wonderful presentation.

I mean, I’m doing this on a lot of projects, and sometimes what, you know,
what you said was very striking that everybody thinks,
"Oh, this is simple, I can do it."

But what goes into it, you know,
alot, and that rigor essentially
makes those insights useful for the implementation process.

So what I wanted to add to the use of rapid analysis
and Donna’s question that it is time bound,
I think yes, it’s extremely useful, and that’s why, like you said, you keep going back to these methods. What I have experienced in my work is that sometimes it’s the data size as well. It might not be urgent, but the data size can also dictate whether you want to use the rapid methods or if you want to go in much more detail. So just a small thing.

But I think that also is one of the reasons. By the way, my name is Fauzia Malik and I’m a medical anthropologist part of-<v>Oh, hi. (laughing)</v>Part of Yale School of Public Health,<v>(laughing) Part of Yale School of Public Health,</v>Health Policy and Management Department. And I absolutely loved the way you presented the use of data and very, very important points that you all brought together to make sense of this, you know, application of rapid analysis in implementation science. Thank you so much for that. <v>Oh, thank you.</v>And thank you, Donna and Ashley.<v>Great. Hopefully this will be the first of many.</v>Ashley, there’s a question in the chat if there’s time,
but I think there might have been some other people speaking up as well.

If you wanna take some, we have one minute,

We can’t even hear you, Ashley.

So for the debriefs, they are really, you know,

as the name suggests, they’re very brief.

They’re 30 minutes long and they’re bi-weekly.

If you’re talking about the time it takes for a team to do this, and this is something that people ask quite often, it’s a heavy lift.

We have a team of five of us.

I am 30%, the other team members are 30, 50 and 60%.

It is a lot of time to collect and analyze all these data.

It’s not just from the debriefs, right?

It’s also the interviews with the stakeholders.

And we have interviews with veterans coming up next week.

So it’s pricey, that’s for sure.

Especially if you get an expensive investigator level anthropologist on your team.

(laughing)

So everyone, thank you so much.

It was lovely to have so many people log in, and we really look forward to, you know, more sessions in the future.

And so I hope everyone will sort of join me in thanking Dr. Abraham for her talk.
814 00:44:36.925 --> 00:44:39.123 Yeah, and take care.
815 00:44:41.690 --> 00:44:43.213 <v>Bye. (voices overlapping)</v>
816 00:44:43.213 --> 00:44:48.213 <v>Participant>Thank you so much.</v>
817 00:44:53.599 --> 00:44:58.182 (participants chattering indistinctly)